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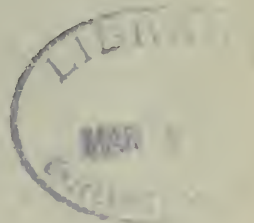
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Original Contributions.

ARTICLE XVIII.

GENESIS.—By HIRAM CHRISTOPHER, M. D., of Independence, Mo.

IX.

There are but few, if any, words used with less precision and discrimination than the word *protoplasm*. This is true of its use by vitalists as well as evolutionists. It is sometimes applied to the contents of the cell-organism; ¹ sometimes to the primordial utricle and the substance which it encloses; to all these things together with the cellulose wall; to the matter composing the sarcode of the foraminifera; to that which constitutes the amoeba, white blood-corpuscles, and other naked masses of germinal matter; to the matter between the so called nucleus and muscular tissue, and to the contractile matter itself; to everything which exhibits contractility; to nerve fibers, and to other structures possessing remarkable endowments, and to soft matter

¹ Gray's Botany, p. 26.

within an elementary part, as a cell of epithelium; to the hard external part of such a cell, and to the entire epithelial cell.² Gray applies it to the elaborated sap;³ and Carpenter, to "formed matter," proteinaceous in composition and nutritive in quality—"the appropriate pabulum for vegetable cells."⁴ Prof. Huxley, whose views as to the genesis of living organisms would seem to require a well-settled conception of the genesis and nature of protoplasm, is not more fortunate in the use of the word than others.⁵ But in his "Lay Sermons and Addresses," when discoursing on Spontaneous Generation, he gives the conception which he at that time considered and which other believers in the doctrine of evolution do now consider, as to the substance properly called protoplasm. He there says, "If he had been present, and could have seen the operation of physical forces when they reached the work of organized substances in the progress of their evolutionary action, he would have expected to witness the evolution of protoplasm from non-living matter, and to see it appear under forms of great simplicity, endowed, like existing fungi, with the power of determining the formation of new protoplasm from such matter as the ammonium carbonates, oxalates and tartrates, alkaline and earthy phosphates, and water without the aid of light," (p. 367). Etymologically, it means the first formed organic matter, and is so viewed by Gray, when he speaks of it as the elaborated sap of plants, and by Huxley, when he conceives of it as the first organic work of the evolutionary force of physical agents.

But it has also an appropriated meaning, and in this sense it was used by Prof. Huxley in his Lay Sermons. With the scientists of that school, it not only means the first-formed, but is conceived of as having a power capable of evolving from its substance living organisms. With them, it is the germinal matter, itself non living, from which all living organisms take the genesis of their being, through the operation of the same force as that which generated the protoplasm from purely material substances, viz.: the physical, or the psychical conceived of as but a modification of the physical. Such a substance does not exist, and never did. If physical forces could, at the beginning of life on the earth,

2. Beale, *Protoplasm*, p. 30.

3. *Botanical Text Book*, pp. 53, 57.

4. *Comparative Physiology*, p. 375.

5. Beale, *Protoplasm*, p. 13.

have created such a substance, they ought to be able now to do the same. If, then, it is impossible for physical agents to create such a substance now, as has been demonstrably proved by the failure of all efforts made to show that spontaneous generation is a natural process, it is wholly an assumption to say that they could have done so at any time since the existence of matter. This fact alone is sufficient to show that the protoplasm of the evolutionist is a myth, and a physical impossibility.

If we limit the use of the term to the first-produced organic matter, the life-product of the action of the leaves of the plant is the only organic substance that can be etymologically, and in this sense, properly, called protoplasm—the elaborated sap of Gray, and the appropriate pabulum for vegetable cells of Carpenter. This is a substance formed from inorganic matter, and the first formed; but it is the work of living cells which have the power of forming organized substances out of inorganic matter. Only the artopoietic organs of the plant have this power. No other living organisms have this power. This is the beginning of the production of organized substances, but not the beginning of living organisms. These precede the others, and are absolutely essential to their existence. There was no protoplasm in which, or from which, they originated. The plant is the primary structure, and forms in its own organism the pabulum that contributes, and is necessary, to all its vital functions or operations. The elaborated sap, or the proteinaceous compound—the protoplasm which is found in its organism, is its own pabulum; and were it removed, would contribute to the nutrition of other living organisms. It is not a living substance, nor capable of generating life; only of contributing to the vital operations of living organisms, as pabulum. It is as dead in the plant as it is out of it; hence, as a substance capable of generating living organisms in or from its substance, as contemplated by the protoplasm of the evolutionist, it has no power whatever. It is a life product and not a life producer.

We have, then, but two kinds of organized matter, viz.: 1st, the living organism; and, 2d, its products. The “formed matter” and “pabulum” of Dr. Beale are really but one substance essentially. They have the same genesis, and, hence, in this respect, may be regarded as one. The bathybius of Huxley, and the protoplasm of evolutionists are myths. There is no *diffused* living matter, nor a diffused organized substance out of

which living organisms arise spontaneously. Living beings are of necessity localized, because individuals. The organism is an agent of the life power, and essentially and necessarily finite in all the elements of its structure. The life is not in the matter. This is evident from the fact that organized matter of the same composition may be either living or dead. The living matter of the cell is proteinaceous in composition, and so is its "formed matter." An analysis shows the same composition as respects the material that constitute their fabric; but one is living and the other dead. The latter can never be changed into the former; and this fact draws a broad line between the nature of the two. It is capable of the widest diffusion without losing its character or identity, or becoming individualized, and by such diffusion it never presents centers of further diffusion, growth, or reproduction, features which are characteristic of living matter, or the living being.

It is very questionable whether living matter ever exists independent of the cell. Localization is essential to the idea of a living organization. If that which is called living matter, is really the living being, all other parts of the cell organism must be regarded as non-essential to the existence of the living being. As a fact, we know that no living being is alive in all its parts. The cell is the prototype, in this respect, of the matured individual; and as we regard the latter as the living being, we must also look on the cell organism as the living being. This is composed of contents and wall, and though the moving contents alone are alive, yet the whole organism, contents and wall, must be regarded as the living being. Now, as such, in all their entirety, did individuals begin. If as cells, then as contents and wall, as living and formed matter. If as germs, spores or seeds, then as such they began life, or as such were created—as such took their genesis; but whether as these, or as the matured individual, we can only conjecture in most cases. That some began as matured individuals we may feel assured, by the fact that the young of many animals, and especially of man, could not have survived extrusion from the uterus without the immediate and constant attention of the parent. Hence we may conclude that man began as the matured individual. Beginning in a cell of microscopic dimensions, that cell could never have been formed without the union of a germ and sperm cell, nor developed without the subsequent nutrition of the fertilized cell in connection with

the organism of the maternal parent. This is true of all the higher organisms, and essentially true as regards fertilization of the whole series. But as fertilized germs, spores, seeds or ova, we know that all plants and many animals may have had their beginning, since we know that at the present time, species can be preserved and perpetuated in this form or stage of development. The infusoria are all preserved and the species perpetuated in one of these ways. As such they exist in the air, and readily develop and mature when they find a nutritive fluid. All these, and many other species, may have been created and possibly were, in this form; but if so, the germ, spore, seed, or ovum was as truly the individual as the mature organism.

Now, if the higher species of the vegetable kingdom had their genesis in the seed form, and not in the fully developed plant, then the creation of the living organism involved and necessitated the creation at the same time of everything necessary to its growth and development to that period of time, or stage of development, where it could be sustained by the functions of its fully differentiated structure. In the seed we have the living organism and the food necessary for its nutrition up to the time when it can produce its own pabulum. In every seed the quantity of pabulum is just that in quantity which is found necessary to nourish the plant up to the time when it becomes an independent being. The contents of the eggs of birds are just enough to develop the embryo to the age when it can live on its own exertion or derive its food from without. An egg is an analogue of a seed. The embryo lies imbedded in its pabulum. The embryo is a living being, while the pabulum is only an organic body, the product of the organism whence the egg was derived. This is the essential constitution of all germs, spores, seeds or ova. If any species of living organisms began its existence in the seed or egg form, then it is evident that both the organism and its pabulum are of the same and simultaneous origin, and though of different chemical constitution, yet they have the same origin and time of beginning. Precedence on the part of either constituent is hardly supposable, and certainly unnecessary, since neither could have served its intended purpose without the presence of the other. The seed contains both a ternary and a quarternary compound—the living organism, diastase and starch; and all these had a simultaneous origin in the seed, and hence, neither can be regarded as having the precedence of the other. Neither

is protoplastic. There was, and could have been, no first-formed in the original seed. And the same is true, if the species began as the full developed and matured individual.

Though germs and spores are capable of germination and structural development under less favorable or more simple conditions than are seeds, yet the structure of the living organism in these is essentially the same as in the seed. Though they have not the pabulum connected with them as is found in seeds and ova, yet this living organism is developed under conditions, in a way and by means essentially the same. When they fall into substances capable of affording them the required pabulum, they nourish and grow on such pabulum until they reach that stage of structural development which enables them henceforth to derive their pabulum from sources adapted to the matured state of the plant. Their growth and development are essentially the same as those of the seed. Their pabulum may be ternary or quarternary in composition, protoplastic or deutero-plastic as respects the method or time of its production; but the process of development does not differ from that which takes place in the food-supplied seed. The germ or spore, like the seed, is, in its entirety, the living organism, and derived its existence originally from the creating power in all its entirety, and not from any pre-existing, proteinaceous substance, as has been conclusively shown by the failure of all experiments to prove the contrary. What is protoplastic as respects chemical composition, is found in the structure of the organism, either as content or enveloping membrane, originated with all other parts of its structure. There is no protoplasm in its structure that came from any pre-existing protoplasmic substance.

In whatever form or stage of structural development the original individual of any species may have begun its existence, we must conceive of that structure as being perfect. If as a germ, spore, seed, or ovum, then these were all perfect; or if as the matured individual, then was that individual perfect. Each and all were created complete and perfect. Any other view is impossible, if there be such a thing as species in plants and animals. Now when we examine the simple cell-organism, we find that it is composed of contents and wall, the former living and the latter dead matter. Such is the structure of the most complete or highly differentiated organism. Man is not alive in all the parts of his organism. The mass of his organism is "formed matter."

If he began in the perfect state of his manhood, the first man did not differ in any essential particular from any that have proceeded from him. As the species began in a perfect individual, whence came the protoplasmic substances that existed in his body, whether living or dead? Every element of his organism, every kind of structure, bone, muscle, nerve and blood, were in the original individual, and all were of simultaneous origin. If any species began in the ovum, then likewise, did every element of the egg have the same origin and arise at the same time. It began as a perfect egg; for such has been the beginning of every individual since the existence of the first. "*Omnia ab ovo*" is an established fact. This being so, there was no original and universal protoplasm or non-living proteinaceous compound, in which, and from which living organisms had their genesis. So long as spontaneous generation shall remain but a dream or a hope, so long will it be that a germinal protoplasm is but a myth. The first formed living matter is the living *being*, whose origin we have shown to be wholly supernatural, and this living being began in its organic entirety, whether that beginning was as germ, spore, seed, ovum or the natural and perfectly differentiated individual.

No protoplasm or organic compound, proteinaceous in character, has ever been met with that was not the product of a living organism. If we use the word as meaning the first organized substance formed, the living organism is protoplasmic. If we apply it to organic *products*, we must apply it to the organic substance called elaborated sap, since this is the first organic body formed by a living organism. This substance is formed, as all know, from inorganic material. In the cells of the leaves of plants inorganic matter is made to assume an organic relation, or formed into an organized substance. Living cells are the agents in the production of non-living organic matter, as well as the generating medium for the reproduction of living cells, and formation of formed matter. The elaborated sap is not a simple substance, or a single compound substance. All the organic material necessary for the nutrition of the plant is contained in it. It is known to contain both ternary and quaternary compounds. Hence, the proteinaceous or quaternary compound to which the word protoplasm is limited by all physiologists, is not

1. Gray's Botany, p. 27.

the first formed substance; for the ternary compound of sugar has a simultaneous origin with it in the formation of elaborated sap. As plants preceded animals in point of time; and as plants are the primary source of food for animals, the protoplasm or proteinaceous compound formed in animals, had its origin in the arthropoietic organs of plants. The quarternary and ternary compounds produced by plants, constitute the food of animals. All organic products had their origin in them; and without the intervention of a living organism, no organic product, such as those constituting the food of animals, has ever been known to have had an origin. It is, therefore, evident and beyond question, that the protoplasm of the evolutionist has no existence in nature; and that there is no single organic substance that can be properly called protoplasm—*first formed*, unless it be the living being or elaborated sap.

Specificity rests on differentiation of structure, whether it be the differentiation of the system of organized beings, or of the organism of a species. Organs or tissues are the species of the organism, and are as immutable as are the species that characterize the organic system. The liver never discharges the function of the kidney, nor the kidney that of the stomach. The brain does not secrete bile, nor does the lungs take any part in the production of psychical phenomena. The mammary gland can never be made to discharge the function of the ovary, nor the urinary cyst that of the uterus. These facts are as familiar as household words, and are explained by the fact of differentiation of cells, whose specificity lies deeper than the visible organism, and is to be found in the determinations of the Power which manifest its true nature in the psychical phenomena of man. All the various cells of the organism arise from the single fertilized cell by a process of differentiation, the nutrition of which is supplied by the organized substances conveyed to them by the fluid of the general organism. These various cells come not from the proteinaceous compounds which they imbibe, or in which they may float, but from the reproduction of themselves. How specificity becomes impressed on cells as they are reproduced and multiplied, we know not; but we have some conception of the process of nutrition, in which the proteinaceous pabulum becomes a part of the structure of each, and contributes to their increase. As then, the various kinds of cells that compose the organism of the animal do not arise from the pabulum supplied to them, we may be

absolutely certain that protoplasm is in no way the nidus of life, or the germinating fluid of living organisms.

There is, then, no view which we can take of the origin and constitution of protoplasm, that justifies the assumption of the modern scientist regarding the origin or genesis of living beings. As a germinal substance, protoplasm has no existence. At best, it is but a life product, the work of a living organism on the elements of dead matter. Being this, and nothing more, it should be discarded as ambiguous and indefinite. It can but occasion confusion and obscurity. It deceives, because it presents us with false representations. It is made to affirm what is not true. It presumes the verity of a myth-spontaneous generation, and assumes as a fact, that which has no existence but in the dream or the hope of the materialist.

ARTICLE XIX.

CEPHALÆMATOMIA AND VAGINAL HEMORRHAGE IN AN INFANT.
OPERATION BY FORCIBLE EXTRACTION. By PINKNEY FRENCH,
M. D., of Mexico, Mo.

On 30th of January, 1879, I attended Mrs. L. in her first confinement. Her labor was neither tedious, difficult nor protracted, in fact, I considered it an easy labor. While assisting to dress the child, I observed a tumefaction or slight swelling situated upon the right parietal bone, covering perhaps, the posterior third of that bone. As I detected no fluctuation, and it being situated upon or near that part of the head that first presented itself at the outlet of the pelvis, I stated that it was what was termed caput succedaneum, and was probably the result of the pressure to which the child's head had been subjected during birth, and that it would soon disappear without treatment. I did not again see the infant until Feb. 5th, six days after birth. I was then consulted in regard to a hemorrhage from the vagina of the child. The discharge was found to be red fluid blood. There was no excitement, redness or swelling of the generative

organs, and the child's health was perfect. This discharge began on the second day after birth, and continued without the slightest interruption for four days, when it subsided of itself. To quiet the anxiety manifested by the family, I assured them that such cases were unattended with the least danger. I do not know that the causes of these discharges have been ascertained. I do know that it has been attributed to the same physiological causes that produce the catamenia in after life; but the discharge in the infant appears but once, and not at regular intervals as in menstruation, which militates against the correctness of such a theory. These hemorrhages are evidently pathological, and there is good reason for believing that it was dependent in this case upon a peculiar constitutional hemorrhagic tendency which was present at birth, as was the tumor to which I shall now give further attention. Upon inspection, the tumor was found to occupy the whole (or nearly so) of the right parietal bone, so rapid was its development. It was but a single tumor, did not cover a suture or encroach upon either of the fontanelles. It was full, tense and fluctuating, and was not affected in the least by the baby's crying or struggling. No pulsatory movement could be detected, and the scalp was unchanged in color. The condition of the tumor now left no doubt as to its real nature. The swelling was an effusion of blood beneath the pericranium, upon the surface of the skull from rupture of blood vessels. I explained to the family the nature of the tumor, and the course it would probably take if left to itself, and also informed them that it should be carefully watched in consequence of the liability there was of the development of serious symptoms. The parents thought the tumor was perceptibly enlarging, and were anxious that an operation should be early performed for its removal. The object of all early operations upon tumors of this kind, is to control the hemorrhage, for without the hemorrhage we will have no tumor. By bringing the detached pericranium in contact with the skull bone, applying a compress and retaining it in position until union shall have taken place, we will attain that end, for by the compress, the mouths of the vessels are temporarily secured, and by the uniting of scalp and bone permanently so. Hence, any operation that will evacuate the tumor, and any dressing that will secure the coaptation of the scalp and bone will ordinarily accomplish the end and effect a cure.

In my reading I find the following operations have been prae-

ticed, viz: By inducing suppuration in the tumor by a seton or by caustic applications; by puncturing with a lancet the most dependent portion of the tumor, pressing out the contents and applying compression, or by making an incision extending the entire length and depth of the tumor, removing the effused blood, closing the wound by means of adhesive plaster, and applying the compress.

Notwithstanding the fact that a majority of these tumors disappear under a very simple treatment, such as evaporating lotions and moderate pressure, I thought it necessary to operate, because I thought the case was liable to prove troublesome, owing to the extent of the tumor, which was so large as to alter very materially the natural shape of the child's head.

On Feb. 6th, I evacuated the tumor with a hypodermic syringe. I inserted the needle into the posterior part of the tumor, and drew off the syringe full, and at each successive filling I penetrated the tumor by introducing the needle through the original aperture, thereby producing no pain to the child except on the first introduction. Through the kindness of a young lady present, who exerted equable pressure with her fingers, so as to drive the effused blood into the neighborhood of the puncture, I succeeded in drawing off quite all of the extravasated matter, amounting to some three or four ounces, and then applied a compress so adjusted and secured with adhesive plaster, as to exercise moderate pressure upon the seat of the tumor. The puncture made by the syringe showed no signs of inflammation. I removed the dressing six days after and found no farther extravasation had taken place, and that union of bone and scalp had been brought about, thus effecting a complete and perfect cure.

I would not suggest the use of the hypodermic syringe for the evacuation of these tumors. I used the instrument in the absence of an aspirator. Although able surgeons advise that no surgical interference be attempted, I ask the question, would it not be well to use the aspirator in every case where the tumor is of any size? In view of the fact that in some instances the effused matter is not absorbed, and when such is the case, suppuration within the tumor, ulceration of the scalp, caries of bone takes place, and death ensues; and again in the reparatory process that spontaneously ensues, there is a deposit of osseous and plastic material forming a ridge or elevation, which encircles the base of the tumor, so that even in the best terminations, there

is always a thickening of that portion of the skull which corresponds to the seat of the tumor, and even when a cure takes place in this way, it requires months in way of time, and careful watching in consequence of the liability of the development of unpleasant symptoms. Again, the operation is not open to other objections urged by writers, such as danger of wounds of the scalp, etc., while by the exercise of that precaution which should always characterize a careful surgeon, the operation is unattended with the least danger.

The forcible extraction of the effused blood by an aspirator is certainly far preferable to an incision by the scalpel, and greatly superior to other operations that have been practiced, and decidedly more satisfactory to the surgeon, than waiting from month to month for a spontaneous cure to take place.

Gross' is the only surgery I have read that mentions subcutaneous evacuations in these tumors.

ARTICLE XX.

CHEST MENSURATION IN PHTHISIS. By WILLIAM PORTER, M. D.,
of St. Louis.

The very valuable results obtained from auscultation and percussion, in the diagnosis of pulmonary diseases, has overshadowed other and scarcely less exact methods of examination. Many of these are necessary to a complete understanding of cases in which the pathological conditions are not as yet far advanced—cases all the more important, because incipient, and for that reason, offering the best return for treatment. Among these methods may be mentioned the observation of the respiratory rhythm, the cardio-respiratory ratio, vocal fremitus, difference in surface temperature of the two sides of the chest, and the movement of the chest wall. From close observation of this latter phenomenon alone, much may be learned in the examination of a case of suspected incipient phthisis. The following deductions, from the notes of several years' attention to this subject, must stand or fall by the evidence.

I. *In the healthy, normal chest, the movements of the two sides are, practically, equal.*—This is especially true of the infra-clavicular region, where the phthisical process is generally first determined; the right lung in the middle and lower portions exceeds the left in size, and consequently, the respiratory movement of the right base is slightly in excess of the other, but this difference does not exist at the apices. In some subjects the muscular development of one side is more than that of the other, depending upon the greater use of the right or left hand, and so the diameters of corresponding portions of the two sides may be unequal, but for all that, the amount of movement of the respective sides near the apices is equal. In fifty adults of both sexes, between the ages of twenty-five and fifty, there was no appreciable movement of the two sides of the chest, the measurement being made at the second intercostal space.

II. *The relative expansion of the lungs is interfered with early in phthisis.*—The proper structure of the lung is necessarily involved in the first processes of phthisis; the intra-alveolar structure is infiltrated, or dead tissue elements choke the alveoli and bronchi, or changes occur in the walls of the vesicles and bronchi, which impair the respiratory function. Without discussing the tubercular nature of these changes, it is true that one or more of these conditions is found in every case of incipient phthisis. The respiratory movements of the affected lung are hindered, either by the elasticity being impaired, or by the blocking up of the avenues through which the air reaches the more intimate parts of the lung. As these pathological changes begin at the pulmonary apex, the equal expansion of the two apices is soon disturbed. In the majority of instances, (except in old persons, for reasons hereafter given (Sec. V), there is a noticeable difference of this kind, even before symptoms of disease can be discovered by percussion, and sometimes before auscultation can detect change.

The theme of a recent lecture by Prof. Armor, is the recognition of "the morbid stage existing between the mere diathesis and the deposits of tubercle," i. e., the pre-tubercular stage. The main results of physical examination, noted in this lecture, are, in reverse order, (c), weak respiratory murmur, and prolonged expiration, "due to want of normal elastic recoil of the air cells, and to debility of the respiratory muscles, (b), "a less clear per-

cussion note than pertains to a healthy chest, from want of elastic resiliency of the alveoli of the lungs—one of the wide-spread errors of nutrition which is so markedly characteristic of the tubercular diathesis,” and (a) diminished movement of the chest wall, “equal on both sides, but perfectly restored by full and forcible inspiration.” This, also, the learned author traces “to debility of the moving powers of the parietes,” already referred to. Structural lesion is certainly necessary to the production of characteristic physical evidence of disease; the symptoms mentioned by Prof. Armor, as belonging to the precursory stage of phthisis, arise from enervation, and as he himself says, from mal-nutrition—this, possibly, on other causes besides the tubercular diathesis, and sometimes associated with hystero-neurosis, and anæmia. I believe that we can, only by inference, decide a tubercular diathesis, prior to actual invasion; the circumstantial evidence, however, is often so strong that the local determination of disease may be recognized in its very incipency, if not entirely resisted.

III. *In phthisis the antero-posterior diameter in the infra-clavicular region after forced inspiration is greater on the healthy than on the diseased side.*—This proposition is so theoretically reasonable that argument is almost needless. The objection may be raised that the lungs are enclosed in a case, the walls of which are fixed by the ribs so that a slight difference of respiratory function would not be shown on the chest surface. This objection does not hold good so long as the costal cartilages are not ossified, and not always then. The ribs move to a certain extent freely—each independent of any bony connection with another. The ribs are the springs, as it were, which, after being pushed upward and outward by the inspiratory effort, recover their natural position through their own elasticity. If the lung power within is deficient this movement is impaired, and as the ribs are connected by yielding structures, there would be diminished movement of the ribs which encircle the plane of that portion of the lung in which is the disease.

IV. *Conversely the diameter of these points after forced inspiration is greater upon the diseased side.*—After an ordinary expiratory effort there still remains in the lung a certain amount of residual, which can be partly displaced by muscular power. When

this residuum cannot be forced out, as in emphysema, or when there is a want of elasticity by reason of the involvement of the alveolar walls, or when there is infiltration, compression of the lungs cannot be accomplished as readily as in health. This rule cannot apply to advanced stages of phthisis, for where there has been great destruction of tissue the chest wall may sink in, while there may be compensatory action and consequent unnatural fullness of the healthy side.

By combining this proposition and the preceding one, we conclude that the direct measurement of a diseased lung as compared with a healthy one, is less on inspiration and greater on expiration, or in other words, that the surface of the chest over the seat of disease moves through less space than does the corresponding surface of the other side. This is all the more valuable if we admit that phthisis is at first (in its local expression) a unilateral disease.

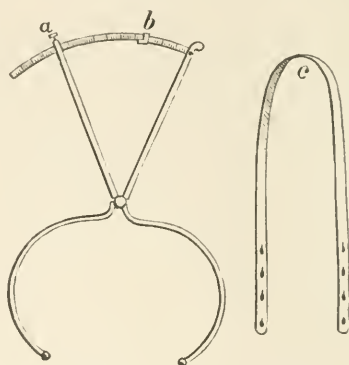
V. Age, sex and habit of life may modify the amount of chest expansion, but only disease (or deformity) can make any marked difference in the movement of the two sides.—In old age the costal cartilages become ossified and the bony framework of the chest is more nearly a unit. This serves as a guard against accident at a period when the ribs have lost their elasticity, when, if each rib were as free to move as at an earlier age there would be more danger of traumatism. Sex has also an influence in determining the amount of movement at the apex. The female, by reason of her physical formation, and from changes peculiar to her sex, depends to a greater extent upon the upper part of her lungs and less upon so-called abdominal respiration than the male. Habit of body, occupation, stature and many other conditions tend to develop or hinder the development of the chest. Mountaineers as a rule have markedly prominent chests, clerks and book-keepers the contrary, yet these circumstances of life exert an almost equal influence upon the two lungs. Disease alone or that which proximates disease is unilateral.

VI. Disease may be suspected where the difference in the expansion of the two sides at the apices is very small.—If it is true that in health the expansion of the upper part of the lungs is equal; if this symmetry is destroyed by disease; if in phthisis the first local invasion is generally at the apex of the lung, and only at

one apex, it follows that in the absence of deformity or the evidences of mechanical obstruction to respiration, such as an aneurism, pleuritic adhesions, or intra-thoracic tumor, a diminution of movement at one apex, however small, points pretty directly to phthisis.

If these propositions are true it is evident that no examination of the chest in suspected or incipient phthisis can be complete without careful measurement of the chest movements. DaCosta¹ says "these minute measurements, however interesting to the physiologist, have as yet not been made available to the physician. Inspection teaches us the same as mensuration. What it teaches with less precision can be learned for purposes of diagnosis with a graduated tape." To this we must object. Mensuration is necessary, 1st, to determine the amount of movement. 2d, to estimate the comparative movement most im-

Fig. 1.



portant in every examination of the thorax. 3d, to render a concise record for future reference possible. Furthermore a graduated tape cannot readily mark slight differences of movement. The form of the chest is such that at the apices, and as low as the third rib, the antero posterior diameter may be materially increased by inspiration without greatly adding to the circumference. The increase in circumference when a given amount of air is inspired varies in persons having the same lung capacity; the increase in diameter has a more definite ratio.

For these reasons I have long since discarded the measuring tape, and use instead calipers (Fig. 1), moving easily and furnished

1. Medical Diagnosis, p. 201.

with a scale on one side reduced to 1-20 of an inch—on the other to millimetres. Corresponding points on each side of the chest anteriorly and posteriorly are marked in ink, and the arms of the instrument are supported at these points, passing through a band (*c*) which is thrown across each shoulder in turn. On deep expiration, a slide (*b*) is placed by the movable arm (*a*), and on inspiration the arm is fixed by a set-screw. We then have the diameters on expiration and inspiration, as well as the extent of movement. The same observations on the other side enable us to readily compare the measurements and movements. To make the amount of air at each movement equal, a spirometer may be used, though rarely necessary.

The practical value of this may be estimated by the following measurements, in a few cases where the calipers were *first* used, and the indications so found were *afterward* confirmed by the ordinary means of diagnosis :

SEX.	AGE.	INSPIRATORY MOVEMENT.		PRESENT DURATION OF DIS.	DIAGNOSIS.
		R. LUNG.	L. LUNG.		
Male ..	37	0.5 in.	0.35 in.	3 months	Phthisis, left apex.
Male ..	39	0.35	1.0	6 "	" " right "
Male ..	42	0.5	0.7	9 "	" " right " (left slightly involved.
Female	48	0.3	0.5	18 "	Dulness and prolonged expiration at right apex.
Male .	29	0.05	0.2	6 years.	Cavity right apex.
Female	29	0.85	0.7	2 "	Dulness and cavernous respiration—left apex.
Male ..	23	0.7	0.7		Normal.....
Female	21	0.4	0.35		"
Female	28	0.4	0.4		"
Male ..	36	0.45	0.5		"

Translations from the French.

NEW MODES OF SURGICAL TREATMENT. ("Histoire de la Chirurgie Française" par le Docteur JULES ROCHARD. Edit. 1875, pp. 639, *et seq.*) Translated for THE JOURNAL by B. A. WATSON, M. D., Surgeon to Jersey City Charity, and St. Francis' Hospitals, Jersey City, New Jersey.

II.—ANTISEPTIC TREATMENT.

1st. GLYCERINE.—The first serious attack which was directed against the classic treatment, so dear to the hospital routine, goes back as far as 1855, at the time when glycerine made its appearance as a therapeutical agent. No person certainly would suppose that this substance, to which Scheele has given the name "sweet principle of oils," and which was scarcely known except by its negative properties, could become a preservative against the most formidable complication of wounds, but it was, however, by the cure of hospital gangrene that it first became known. It had already been in use ten years in England; Yearsley, Wakley and Turnbull had employed it in the treatment of diseases of the ear in 1845 and 1846; sometime afterward Taylor employed it in diseases of the eye, and Scott Alison in those of the larynx and trachea. In 1841, a French physician, Dallas, residing in Odessa, also had recourse to it in baths and frictions in the treatment of some cases of gangrenous wounds. These facts were scarcely known in France, when in 1854, Cape read before the Academy of Medicine, a memoir on glycerine and its application in the various branches of the medical art. Influenced by these facts Trousseau determined to employ it in his practice. He was imitated by Cazenave, Aran and Bazin, who obtained good results with it. The following year Demarquay resorted to it in an epidemic of hospital gangrene, which occurred at Saint Louis, and the success surpassed his expectations. Encouraged by this beginning he extended this method of treatment to all wounds in his practice, and recognized in it such advantages

that he hastened to communicate them to the Academy of Sciences and to the Academy of Medicine.¹⁴ A month afterwards Denonvilliers, in whose service the trials had been made, rendered a very favorable report to the society on surgery. The superiority of the new agent over the cerates and the greasy bodies appeared to him to be demonstrated by the cleanliness and the maintenance of a healthy condition of the wounds, by their cicatrization and the facility of the treatment. He had obtained with it equally good results in the treatment of chancres, venereal buboes, fistulous tracks and ulcerations of the neck of the uterus.¹⁵

Thus patronized glycerine could not fail to make its way rapidly. It was not slow to enlarge its circle of applicabilities and for some time glyceroles of every description continued to multiply. There were glyceroles of starch, of tannin, and of iodine, and liniments and eye-washes, which had glycerine for their basis. It was even administered internally as a solvent of some liquids insoluble in water. In 1859 Demarquay recapitulated in a long memoir¹⁶ all the uses to which glycerine had been put up to that time, still enlarging upon the praises which had been lavished upon it. The reading of this address gave the measure of the reputation that this substance had acquired, and showed by what exaggerations the best minds may suffer themselves to be carried away when an object of their predilection is in question. Glycerine was then presented as a kind of panacea, as an almost certain prophylactic in erysipelas, purulent infections, hospital gangrene and all the accidents that might follow gunshot wounds. It is the very best antiseptic with which the further progress of gangrene can be opposed, whatever may be its cause; it is the most precious topical dressing which can be carried to the bottom of sinuses, cold abscesses, in which it modifies advantageously the diseased surfaces. All this by opposing itself to the alteration in the pus. It renders the greatest service in the treatment of burns, ulcers, chancres, balanitis

14. Demarquay, Note sur les avantages du pansement des plaies par la glycerine. (*Bulletin de l'Academie de Medicine*, Sèance du 23, Octobre 1855, t. xxi, p. 96.)

15. Sèance de la Société de Chirurgie du 24 Novembre, 1855. *Bulletin de la Société*, t. vi, p. 271.

16. Demarquay, Memoire sur la glycerine et les applications à la Chirurgie et à la medicine. (*Gazette Medicale de Paris*, 1859, p.p. 380, 401, 411.)

blennorrhagia, cutaneous diseases, lupus, herpetic affections of the vagina and uterus, etc. It was soon known to what extent these marvelous properties could be depended upon. Experience has reduced them to the proper value. It proved that this topical anodyne has over cerate the advantage of maintaining the wounds in a remarkable state of cleanliness, but that it dries very promptly in spite of its hygrometric properties.¹⁷ In regard to its antiseptic qualities, in regard to the power that was attributed to it at first to conjure away erysipelas, purulent affections, and hospital gangrene, these are delusions which it has been necessary to overthrow, and glycerine has long since taken the modest rank in therapeutics which nature has assigned to it.¹⁸

2ND. DISINFECTANTS.—The *Gazette Medicale* had scarcely completed the publication of the memoir, in which Demarquay raised to glycerine a too perishable monument, of which we have just given an idea, when there appeared a rival substance which soon caused the other to be forgotten.¹⁹ The disinfecting powder of Corne and Demeaux was first brought before the Academy of Sciences by Velpeau, in whose service these two practitioners had experimented with their preparation.²⁰ The results which they had obtained were as encouraging as possible. In all the cases where they had employed the mixture, the disappearance of the odor had been instantaneous. Gangrenous wounds, cancerous ulcers, ulcers of the legs, pieces of linen bandages soaked in fetid pus, infected liquids, or detritus formed in sphacelated tissues, lost immediately by this contact their deleterious odor. The action of this substance seemed to arrest the progress of decomposition. It kept away the insects and pre-

17. (Benjamin Anger, *Pansement des plaies chirurgicales*, thèse pour l'agrégation, Paris, 1872, p. 124.)

18. (*Bulletin de l'Académie*, t. xxxv, p. 742. Séance de l'Académie de médecine du 4 Octobre 1870, et de la société médicale des hôpitaux du 8 Octobre, 1870.)

19. La dernière partie du travail de Demarquay a paru dans le numéro du 2 juillet, 1859, et c'est à la séance du 25 juillet que Velpeau fit à l'Académie des Sciences sa communication sur la désinfection et le pansement des plaies. (*Compte rendus de l'Académie des Sciences*, 1859, t. xlix, p. 145.)

20. La poudre Corne, médecine vétérinaire, et Demeaux, ancien interne des hôpitaux de Paris, est un mélange de 100 parties de plâtre en poudre et de 3 parties de coal tar, qui est, comme du le soit, le produit liquide de la distillation de la huile pour le fabrication du gaz d'éclairage.

vented the production of organisms. A great number of hygienic or industrial applications of it had been made. This communication was made July 25, 1859²¹ and produced a sensation. All the medical journals reproduced it with accompanying comments; surgeons, veterinary surgeons and chemists began to study and experiment with the new therapeutical agent which became known at this time and responded to the aspirations of the moment. The first reports confirmed the results commenced by Velpeau, and Bouley signalized the perfect concordance of the experiments made at Alfort with those which had taken place at the Charity. The chemists had little trouble to demonstrate that the study of disinfectants was not new; that it had been during all time a subject which had engaged the minds of hygienists and physicians, and that a great number of substances long known possessed the property of causing the disappearance of the odor of putrid animal matter. They recalled to mind the fact that charcoal powder, the chlorides of lime, soda and potash, coal tar, the product of the distillation of wood, the salts of lead, etc., had been successively employed for this purpose, and with complete success.²²

Finally at the meeting on the 1st of August, 1859, Renault reported his experience on the action of plaster of Paris and coal tar mixtures in different proportions; and those of different kinds of charcoal, spirits of turpentine, oil of slate and creosote. It was known that all these substances had the effect of causing to disappear the disagreeable odor of putrefying animal matter, but by substituting for them their own special odor, and that the least disagreeable of all was that of tar which he proposed to substitute for coal tar.²³ The Academy of Sciences had devoted several meetings to the careful study of this question when it received from Marshal Vaillant, at Milan, two letters,²⁴ the first dated thirteen days earlier than the second, in

21. (*Compte rendus de l'Académie des Sciences*, 1859, t. xlix, p. 127.)

22. Communications de Chevreul et Bussy à l'Académie des Sciences, Séance 25 juillet, 1859. (*Comptes rendus*, t. xlix, p.p. 147, 157.) Voyez, pour l'histoire des désinfectants, le travail public par le docteur Ossian Henry fils dans les *Archives Générales de Médecine*, 1859, 5th série, t. xiv, p. 459.

23. Renault, emploi dans le traitement des plaies et ulcères de diverses on de masquer la puanteur. *Comptes rendus de l'Académie des Sciences*, t. xlix, p. 194.)

24. Ces deux lettres sont insérées dans le tome xlix, pages 226 et 285 du

which he reported the trials made in the army in Italy in accordance with a desire expressed by Velpeau, and also in obedience to instructions left by Baron Hippolyte Larrey on his departure for Genoa. Twenty wounded Austrians had been treated at the hospital San Francisco, by the physician-in-chief, Cuvellier, and the disinfectant properties of the new medicinal agent had been recognized at Milan, the same as at Paris. The next year the Marshal addressed to the learned society a report of Doctor Jacquemot, in which he praised strongly the powder of Corne and Demeaux in hospital gangrene.

Jacquemot had tried it successfully on the wounded Austrians and he gave his preference to it over iodine and the perchloride of iron.²⁵ In the interval, the Academy had received new communications on the same subject. Sirius Pirondi had sent them from Marseilles a series of equally favorable observations; Simon had employed the disinfecting powders with success on the workmen in the collieries of Rouchamps (Haute-Saône), in cases of large burns, in sanious or putrescent wounds, and analogous results were obtained by Isambert and Bertherand in their respective services.²⁶ From surgical therapeutics, the disinfecting powder had passed into the domain of public hygiene and rural economy, by undergoing some modifications in its composition. Notes on this subject had been addressed to the Institute by Moride,²⁷ Burdel²⁸ and Cabanes.²⁹ The Academy of Medicine, however, occupied itself with a problem, the practical interest of which did not escape it. Since 1859, it had brought before the meeting the question of disinfectants and their application to therapeutics; and in 1861 it divided the prize between P. Chalvet and Reveil.³⁰ In the meantime, the reputation of

Comptes rendu des seances de l'Académie des Sciences. La première est du 3 août la seconde des 16 août, 1859.

25. Comptes rendus 1860, t. I. p. 676.

26. Voyez le Rapport de Velpeau a l'Académie des Sciences, Comptes rendus, 1860, t. I. p. 279.

27. Comptes rendus de l'Académie des Sciences, 1859, t. xlix, p. 242.

28. Ibid, p. p. 298-408.

29. Ibid, p. 445.

30. Séance Publique annuelle du 17 Décembre, 1861, rapport de Charles Robin. (*Bulletin de l'Académie de Médecine*, t. xxvii, p. 212). Le travail de Chalvet a pour titre; Des désinfectants et de leurs application, a la thérapeutique et de l'hygiène, il a paru dans les mémoires de l'Académie de Médecine, t. xxvi.

the powder of Corne and Demeaux reached its limit. The trials made in the hospitals had established the fact that it neutralizes the odor of pus only by absorbing it, and that it absorbs only a very small quantity; that the liquid remaining under the crust formed by this mixture, retains all its disagreeable odor; that the applications ought to be renewed very frequently, and that this gray powder deprives the treatment of every character of cleanliness.³¹ It was not slow, therefore, to be abandoned; but the movement had gained a firm hold; each one continued to follow up the solution of the important problem which had been raised. The researches continued with an increasing ardor. Never had the Academy of Science received so many communications on a surgical subject. At first it was well-known therapeutical agents, whose claims were put forward. Marchal (de Calvi),³² and Boinet,³³ supported the claims of iodine, on the ground which had long been recognized; the perchloride of iron, which, six years before, had made so brilliant an entrance into surgical therapeutics, and supplanted at the same blow all hemostatic liquids of renown, was presented by A. Terreil and by Deleau, as an excellent disinfectant, by virtue of its coagulating properties.³⁴ The chlorate of potash, which had been considered for some time an antidote for phagedena, was extolled in its turn by Billiard of Corbigny.³⁵ Finally, coal tar reappeared in a new form and relieved of the inconvenience which had been a reproach to it, in an excellent preparation known under the name of "Coal tar Saponine," with which Lebeuf, a pharmacist of Bayonne, had enriched therapeutics.

COAL TAR SAPONINE.—Lebeuf had, five years previously, presented to the Academy of Science, an interesting work on the alcoholic tincture of Saponine. He had discovered that saponine, soluble in water and in alcohol, possessed the

31. Bonnafaut, Expériences faites à l'infirmerie de l'hôtel des Invalides avec la poudre désinfectante de coal tar et de plâtre dans le service des blessés. (Comptes rendus de l'Académie des Sciences, 1859, t. xlix, p. 348.)

32. Comptes rendus de l'Académie des Sciences, 1859, t. xlix, p. 242 et Union Médicale, 1859, t. iii, p. 276.

33. Comptes rendus de l'Académie des Sciences, 1859, t. xlix, p. 298.

34. Comptes rendus de l'Académie des Sciences, 1859, t. xlix, p. p. 265-263.

35. Billiard de Corbigny, De la destruction absolue de l'odeur de gangrene, au moyen du chlorate de potasse. Comptes rendus de l'Académie des Sciences, 1859, t. xlix, p. 471.

property of maintaining in suspension in water all bodies which are soluble in the alcohol at 90 degrees, and he had utilized this property in making emulsions of the balsam of tolu and of Peru, castor oil, coal tar, gum quiaie, the oleo-resin of copaiba, etc.³⁶ When the reputation of the powder of Corne and Demeaux had overspread the whole of France, and it had been fully demonstrated that it was to the coal tar that it owed its disinfecting properties, Lebeuf thought that it would be possible to make an emulsion of this product, by the aid of the alcoholic tincture of saponine, as he had done previously with the other substances which we have enumerated. He obtained thus a preparation, which formed with the water a very stable emulsion, and the employment of which presented none of the inconveniences of the powder of Corne and Dumeaux.³⁷ The alcohol extracts from the coal tar its active principles; it unites to this its own antiseptic properties; the saponine, its solvent actions are fatty bodies, and the emulsion which contains these three advantages, penetrates the tissues, mixes with the pus and all the morbid secretions, disinfected them, and at the same time washes them away.

Such at least, are the conclusions of a memoir presented to the Academy of Science, June 25th, 1860, by Lemaire.³⁸ Experience has confirmed his assertions, and coal tar saponine has taken rank with the most precious dressings that we can use in the treatment of wounds of a bad character. It has been employed under our own eyes at the hospital at Brest, on nearly a thousand wounds during the late war, in competition with other antiseptic dressings, and the superiority has remained with it.

ALKALINE CARBOLATES.—CARBOLIC ACID.—The question of disinfectants had, as is seen, already made its way, when on the 6th of February, 1860, Velpeau, reporter from the commission which had been appointed at the commencement, gave the details of their long labor to the Academy of Sciences. However,

36. Ferdinand Lebeuf, Recherches sur la Sapouine. Comptes rendus de l'Academie des Sciences, 1850, t. xxxi, p. 652.

37. La teinture alcoolique de coal tar saponine. (Coal tar, 1,000 grammes teinture alcoolique de saponine, 2,400). ne s'emploie pas pure. Pour obtenir l'emulsion destinee aux pansements, on la melange a l'eau dans la proportion d'un quart.

38. Lemaire Du coal tar saponine et de son emploi. [Comptes rendus de l'Academie des Sciences. 1860, t. 1 p. 1178]

whilst manifesting in favor of the powder of Corne and Demeaux, a predilection which was not fully shared, he finally, in conclusion, urged the necessity of new researches.³⁹ His appeal was listened to attentively, and the communications continued. Boboeuf was the first who, however, in raising a demand for priority for which we need not stop, came to propose, as a substitute for coal tar, the alkaline carbolates, of which the solutions are always identical, while the composition of the former is essentially variable.⁴⁰

The carbolate of soda (phenol Boboeuf,) had been experimented on by Devargie, who recognized in it the qualities of a good preparation. The employment of the carbolates would have naturally led to the use of carbolic acid, to which the coal tar, creosote, and the greater part of the disinfecting substances or parasitocides owe their property, if this last had not preceded it. Lemaire, however, in making his researches on coal tar saponine, had made like experiments on the effect of carbolic acid, and he communicated to the Institute, on the 14th of March, 1861, the result of his experiments.⁴¹ Since that time, the knowledge of carbolic acid has spread everywhere, and it has acquired in hygiene and therapeutics, in France and in foreign countries, a reputation which it still maintains.

In 1865, Déclat addressed to the Academy of Sciences of Paris, a note in which he presented it as a true panacea. Since that time he has used it as a sort of specific for cancer, and he has just established a journal to celebrate its virtues.⁴² Its use is vulgarized in the hospitals of London. Lister has adopted it in an exclusive manner. His antiseptic treatment has acquired a certain celebrity, and has been experimented with at different times in the hospitals of Paris, and has undergone in his hands, various modifications; but he always rests essentially on the parasiticide property of the carbolic acid, which he employs under all the varied forms. He operates in an atmosphere

39. Velpeau, Rapport sur divers moyen disinfectants. [Comptes rendus de l'Académie des Sciences, t. 1 p. p. 279, 302.]

40. Séance de l'Académie des Sciences du 9 juillet 1860. [Comptes rendus, t. li, p. 61].

41. Lemaire a fait paraître, la même année, dans le *Moniteur des Sciences*, un long mémoire sur le même sujet, et en 1763, il a réuni tous ses travaux dans un ouvrage spécial.

42. La Médecine des ferments (directeur gérant, docteur Déclat) a commencé à paraître au mois d'avril, 1874.

charged with the spray of carbolic acid, the instruments, the hands of the surgeon and assistants, the ligatures, the pieces of dressing,—everything which touches the patient is soaked in carbolic acid, and not a septic germ can escape it.⁴³

The carbolic acid is also highly honored in Germany, at Leipzig. Prof. Thiersch habitually uses it. During the late war, there was a tremendous consumption of it. Is carbolic acid at the height of its fame? This is a question that the future will settle; its parasiticide properties are incontestable; it arrests all fermentation and destroys all organized germs, microphytes or microzoaires; then these elements play such a role in the origin of infectious diseases, that one will not be surprised at the importance acquired in therapeutics by a substance which possesses, in so high a degree, the power to destroy them.

43. Pour le pansement de Lister, voyez J. Holmes, a system of Surgery, vol. v, p. 617, London, 1871. Wailuit par F. Terrier, in Archives generales de Medecine. Novembre, 1871, 6 series, t. xviii, p. 623. Pour son emploi dans les hôpitaux de Paris: Pansement des grandes plaies par le préparations pheniques (mèthode de Lister), in *Gazette des Hôpitaux*, 1869, p. 465.

Translations from the German.

PATHOLOGY AND THERAPEUTICS IN OPHTHALMOLOGY. [Taken from Prof. NAGEL's *Jahresbericht ueber die Leistungen und Fortschritte im Gebiete der Ophthalmologie.*] By S. POLLAK, M. D., Surgeon to the Eye and Ear Infirmary of the Saint Louis Hospital.

DISEASES OF THE CONJUNCTIVA.

CRITCHETT, (*Ann. d'ocul.*), under the title of superficial affections of the eye, describes two forms of conjunctivitis, and the accompanying corneal trouble, viz.: the simple and the catarrhal forms. To the first form belongs also that known as conjunctivitis-phlyctænulosa. The treatment of these two classes is essentially different. In simple conjunctivitis, irritating astringents are injurious, and caustics dangerous. In photophobia, which is pathognomonic in phlyctænular keratitis, he chloroforms his little patients; uses atropine; repeats this three or four times in an interval of three or four days, with good results. In vascular ulcerations, he uses successfully, setons of a few silk threads in the temples. But in catarrhal conjunctivitis or purulent ophthalmia, astringents and caustics are indicated. [This classification of Mr. Critchett is not generally accepted. The treatment of phlyctænular ophthalmia is as different from the simple conjunctivitis, as the latter is from the muco-purulent or catarrhal ophthalmia.]

LAWRENCE (Etiology and treatment of scrofulous ophthalmia, *Medical Press and Circular*) supposes the initiatory point of phlyctænular ophthalmia to be in super-cervical ganglion of the sympathetic. Therapeutically he recommends to correct digestion by an occasional mercurial cathartic, a plain diet, principally milk, but little meat. Cod liver oil is not suitable in all cases; it acts injuriously on children of torpid habits with thick upper lips and nose; but lean patients with quick pulse, excitable temperament, are much benefitted by cod liver oil. Photophobia is

lessened by bromide potass, and later, by quinine. Fresh air is above all things necessary. Cold shower bath in summer, tepid sea bath in winter are invaluable remedies. Locally, warm fomentation, with an infusion of poppy seed. After the subsidence of the acute symptoms, the poppy seed fomentation can be made cooler, and at last, it may be applied quite cold. Lini-mentum iodii, penciled on the mastoid process, is preferable to the cantharidal ointment. Nitrate of silver to the conjunctiva is dangerous; solutions of atropine are not as useful as the fomentations with infusion of poppy seed. Ferruginous tonics are indicated in anæmic patients only. Much benefit has been derived from the constant current.

FENNER (*Am. Practitioner*) describes phlyctænular conjunctivitis, or strumous ophthalmia, from a clinical standpoint, and urges the necessity of constitutional treatment of scrofulous children. He recommends mercurials as most effective.

THIRY (*Presse Medicale*) reports a clinical case of conjunctivitis gonorrhœica. The infection was caused by washing a prurient eye with urine. He recommends, particularly, the enlargement of the palpebral commissure by canthotomy. He makes a distinction between ophthalmia blennorrhœica, infected by the specific virulent product of acute urethritis, and the simple acute blennorrhœa. In the first, caustics are indicated; in the second, tannin.

BARDE (*rapport sur l'hôpital ophthalmique à Geneve*) chloroforms all little patients suffering from ophthalmia blennorrhœa, in order to make a thorough and satisfactory examination of the eye, and the necessary application to it.

SCHIESS (*corresp. Bl. f. Schweizer Aerzte*) lays great stress on the prophylaxis, in the treatment of blennorrhœa neonatorum. He insists that obstetricians should be required to wash and cleanse the eyes of all the new-born with some disinfecting fluid, such as $\frac{1}{2}$ per cent solution of carbolic acid, or $\frac{1}{10}$ per cent solution of thymol, or of aq. chlorii. In very acute inflammation, at first only cold should be applied; all collyria avoided, except it be atropia in corneal stains. Only after the subsidence of the tumefaction may the lapis mitigatus be used.

AYRES (*Cincinnati Lancet*) institutes comparisons between the result of treatment of 100 cases of ophthalmia neonatorum, in the Cincinnati hospital, and as many cases in private practice. Of the latter only 58 escaped corneal opacities; 6 on both eyes; 5 were blind on one eye. Of the first not a single case of opacity of the cornea occurred—all got off with good sight. He recommends the eyes of the new-born to be washed first, that is, before the rest of the body be put in the water. The local treatment was the usual: cleanliness, fomentation, nitrate of silver of various strengths.

LEWIN (*Berliner Klin. Wochenschrift*) tries to prove that not all cases of gonorrhœal ophthalmia are the result of infection, by direct contact with gonorrhœal virus, but may be the product, like gonorrhœal arthritis, by a connection of a vaso-moter reflex neurosis.

PIERD'HONY (*Annali di Ottalm*) again recommends the treatment of granulation with finely pulverized acetate of lead; a practice which has become obsolete. He claims it effects a cure(?) quicker than other remedies, especially with such patients that cannot be seen daily. The lids have to be everted, carefully and thoroughly dried, and the powder applied with a camels hair pencil. [Having seen many favorable results of this treatment in Europe, I tried it here, in the clinic, quite frequently, but without realizing always the good results that I anticipated. Only in anæmic patients, with lax, flabby lids, large trachoma, and perfectly clear cornea, it proved quite satisfactory. A deposit of lead had gradually been made over the palpebral conjunctiva, which, in a measure, compressed the granulations, and formed a smooth surface, covered with an epithelium. I have watched such patients for years, without finding the least change in the glistening, white, well-moistened surface of the everted lid; but it entirely failed in many more instances, under apparently quite similar conditions; even causing considerable irritation, and much discomfort, by its astringent properties—S.P.]

QUAGLIANO (*Annali di Ottalm*) recommends frequent and thorough scarifications in conjunctivitis granulosa, with a five-bladed crescent scarificator.

WOLFE (*Medical Times and Gazette*) considers granular conjunctivitis as a higher degree of the catarrhal conjunctivitis.

Both may be assumed to be a traumatic erysipelas of the conjunctiva, caused by small floating particles of dust. In the first stadium, he recommends warm fomentations, which, by their increasing the secretion, tend to the elimination of the foreign bodies. The lids are then ectropized, the granulation deeply incised, and the contents of which pressed out with the fingers. Atropia is then instilled, and the eye bathed 3 times a day with a solution of borax. The incisions may be repeated in 2 to 3 weeks. In the meanwhile, the ectropized conjunctival surfaces have to be rubbed against each other every day, in order to crush all the remaining granular deposits. This manœuvre has to be followed up by brushing them over with the syrup of tannin (acid. tannici ʒij, syrupi simpl. ʒi). He refers to three cases, on whom, afterwards, operations for cataract and iridectomy had been successfully performed.

TERRIER (*Archives Gén. de Med.*) saw, in a healthy woman of 64, a double Xerosis, conjunctivæ et corneæ, with symblepharon and entropium. When, three years previous, this affection began to manifest itself in the left eye, a psoriatic exanthema was seen on the knee and elbow; the lids were never trachomatous. The disastrous termination of the case justifies the conclusion that a species of psoriasis had affected the conjunctival bulbi.

SIMEON SNELL (*Lancet*). A peculiar appearance of the conjunctiva in some cases of night blindness (hemeralopia). He found on the conjunctiva on both sides of the cornea, or only on the temporal aspect of the same, a gray glistening spot, consisting of a series of small vesicles, which were movable with the conjunctiva, obliterated by compression, but return after a few hours; the epithelium did not appear thickened. This phenomena came and went with the hemeralopia. The fundus showed nothing abnormal, only occasionally a little veiling of the blood vessels. *Pupil mostly dilated.* It affected only children, and, strange to say, only the well-to-do and healthy ones, with whom no possible cause could be assigned. Relapses were frequent. Snell never found this form absent in simple hemeralopia. He believes this affection had never been described, and is entirely different from that mentioned by Bitot and Soelberg Wells. He relates several cases, among which a family of 5 children of from 3 to 10 years of age, who were affected simultaneously.

LASKIEWIEZ (*Klin. Monatsblätter*) describes a peculiar and rare form of conjunctival disease. It appeared originally as a granular ophthalmia, which, through favorable circumstances, lead to a colossal degeneration, resembling a hyperplasia of the conjunctival tissue, with hypertrophy of the tarsus and chronic dermatitis. The red granular excrescences were frequently radically removed, so that it resulted in adhesion of the bulbar and palpebral conjunctiva. The microscope revealed, in this mass, all the elements of a mixed trachoma; giant cells also were seen. It is strange that the patient, a woman of 32, had only the left eye affected, while the right eye remained sound.

PFLUEGER (*Klin. Monatsblätter*) observed a primary *lupous degeneration of the conjunctiva* of the left upper lid, which had existed 6 months, and caused partial destruction of the tarsal margin. By puncturing with Wecker's tattooing instrument, and touching with lapis, the destructive process was arrested. A similar lupous ulcer was found behind the ear, but which came after the same disease had existed in the eye.

TAYLOR (*Med. Times and Gaz.*) has devised a new and effectual method of treating (so-called) incurable cases of *symblepharon*. After carefully dividing the adhesions, a correspondingly long, horizontal flap is cut out of the skin of the affected lid, the nasal end remaining undivided. The flap is turned over, a vertical incision is then made, through the orbicularis, tarsus and conjunctiva. The flap is drawn through this opening into the conjunctival sack; its raw surface is adjusted to the palpebral surface of the symblepharon and secured by silk sutures. The epidermic surface of the skin is opposite the raw surface of the bulbus. The vitality of the flap is maintained through its attachment on the nasal side. The skin in the conjunctival sack gradually assumes the properties of a mucous membrane.

IMRE (*Klin. Monatsblätter*) *transplanted* twice the *conjunctiva* of rabbits in cases of symblepharon *anterior*. In the first operation, the mucosa of the rabbit did not entirely cover the cut surface, yet adhesion took place; but after ten days the center of the flap was raised; the margin appeared swollen. Gradually the transplanted membrane grew smaller, shrunk up to a mere bridle, which had to be removed with a knife. A second attempt was made with no better result.

WECKER (*Clinique Ophthal.*) tried transplanting of the human conjunctiva in cases of symblepharon, with no better result than that of the rabbit.

KLEIN (*Allgem. Wiener Med. Zeitung*) transplanted the conjunctivæ of rabbits in cases of *pterygium*. Adhesion was effected, but the pterygium, which had only been turned over, grew over the transplanted mucosa. Total removal of the pterygium would probably have been better.

FENNER (*Wiener Med. Collegium*) transplanted the conjunctivæ of a rabbit after the removal of a conjunctival tumor. Shrinkage began after a seeming success of four weeks. Fenner intends to experiment hereafter with the thicker mucosa of the lips or vagina, as Stellwag did, or with the skin, as Arlt did.

SWANZY (*Med. Press and Circular*) succeeded in a case of transplantation of the conjunctiva of the rabbit to the eye of a lady who had worn an artificial eye so long, until the enamel had been rubbed off, causing by its irritation cicatricial adhesion of the edges of the lids (anchyloblepharon) near the outer commissure. Swanzy cut the band out, covered the wound of the upper lid with a flap 3 cm. square of the conjunctiva of a rabbit, by seven sutures. Adhesion was complete in one week. The two mucosa could not be discerned from each other with the strongest loup lens.

WOLFE (*Lancet*) and SCHOELER (*Klin. Jahresbericht*) report likewise successful transplantation of the conjunctiva of a rabbit to the human eye, for various causes. [They fail, however, to state the appearance of the flap after 4 to 6 weeks; whether or not shrinking had taken place, and thus determine the practical value of the operation.]

Proceedings of Medical Societies.

MACOUPIN COUNTY (ILL.) MEDICAL SOCIETY.

The second regular quarterly meeting for 1879, of the Society of Macoupin County for Medical Improvement, was held in Brighton, Tuesday, April 15th. In consequence of the temporary absence of the President and Vice-President, Dr. Seaman was chosen Chairman pro tem.

Minutes of the last meeting were read and approved. Fifteen members present.

Dr. A. C. Corr proposed Dr. A. Gifford for membership. Referred to Board of Censors.

On motion of Dr. Brother the bill of the Secretary for printing, postage, etc., amounting to three dollars and fifty cents, was allowed.

The Secretary read a communication from Dr. R. J. Mitchel, regretting his unavoidable absence and requesting that he be continued as essayist until the next meeting.

The Board of Censors reported as follows: We find Dr. A. Gifford to have graduated from the St. Louis Medical College, the 12th of March, 1878. We have duly considered his application for membership and most cordially recommend his admission.

Moved by Dr. Clement that the report be accepted and that the Secretary cast the vote of the Society. Motion carried. Dr. Gifford was then duly elected and welcomed by the President.

The Committee on Programme reported as follows: Next place of meeting, Shipman; Essayists, Dr. R. J. Mitchel, Typhoid Fever; Dr. G. H. Gilson, Malaria; Dr. S. E. Bucknell, Tonsillitis. On motion the report was accepted.

The Committee on Nominations then named the following members of the Society for officers for the ensuing year:

President—Dr. W. C. Day.

Vice-President—Dr. J. R. Lane.

Secretary—Dr. G. H. Gilson.

Assistant Secretary—Dr. L. H. Corr.

Treasurer—Dr. W. J. Harris.

On motion the report was accepted and the gentlemen duly elected.

The following members were chosen by the Society as delegates to the State Medical Society : Drs. F. Brother, S. E. Bucknell, W. C. Day, F. A. Clement, M. W. Seaman, John Ash, F. F. Martin and A. Gifford.

Drs. J. R. Lane, R. C. Cowen, John Ash and R. M. Wilson were elected delegates to the American Medical Association.

The following resolution was adopted by the Society :

Resolved, That the delegates to the State Medical Society present the resolution on ethics adopted at our last meeting, to the Committee on Ethics of the State Medical Society and request that action be taken thereon.

On motion of Dr. Brother the following resolution, adopted sometime ago by the West Chicago Medical Society, was also adopted :

Resolved, That in the opinion of this Society it is the duty of the State Board of Health to procure an amendment to the law relating to the collection of vital statistics, securing the incorporation of those sections of the New Hampshire and Connecticut laws which provide for the compensation of persons who make returns of births and deaths, at the rate of twenty-five cents for each birth or death returned and recorded within the limits of the State.

Dr. Day introduced to the Society Dr. Reed, of Fidelity, Jersey County, and on motion the privileges and courtesies of the Society were extended to him.

Dr. Harris presented an interesting pathological specimen with the following history of the case : "I was called Sept. 15th 1878, to see Mrs. C—, a colored woman, about fifty years of age (a quadroon), who was suffering from very severe pains in the lower part of the abdomen, with a profuse vaginal discharge, dark, tarry in character with a very offensive odor. This discharge, she told me, had continued with occasional interruptions, for nearly two years prior to the present attack. The discharge was more profuse during her menstrual periods, after which it would gradually subside, being followed by a fetid leucorrhœal discharge that would last a few days or until the return of the menses, the periods varying from the beginning of one till the beginning of the next menstrual discharge from twelve to twenty days.

I will here state that I had attended this patient some eighteen months previously. At that time, on making a vaginal examination I detected a tumor as large as a hen egg, that fluctuated, situated to the right and posteriorly of the uterus. I diagnosed pelvic cellulitis. In a few days it discharged freely a thick offensive pus. On the present occasion a vaginal examination revealed the upper vaginal wall much thickened and indurated to the right posteriorly, drawing the cervix in that direction and causing the os to look to the right posteriorly with the anterior lip much elongated, so that it was very difficult to pass the uterine

sound. Having succeeded in passing it, however, the depth of the uterus was found to be two and a-half to three inches. Bimanual examination revealed much thickening of the tissue in the vaginal region, with enlarged lymphatics. There was also much tenderness over the bladder, with much vesical tenesmus; the bowels were much constipated, but were kept open with laxatives and enematas of warm water and castile soap. On several occasions large patches of mucous membrane passed with the dejections. As the result of my manipulations a general peritonitis followed, which yielded to treatment. In my treatment of the case I used sustaining remedies, quinine, arsenic, beef tea and wine internally, with local applications to the diseased tissues of carbolized injections of warm water, ergot and water, tinc. thuja accidentalis and water, each in succession.

Before commencing with injections I used a local application of tinct. iodine. My patient gradually lost strength, suffering all the time excruciating pain in her right thigh and knee, for the relief of which I gave hypodermic injections of morphia and sulphuric ether. After one of the injections of the ether there was much swelling of the right thigh and leg with a hard, cordy feeling. During some of those cold days in January she was exposed to a draft of cold air, and pneumonia rapidly developed in both lungs, from which she died on Jan. 22. Assisted by Drs. Ash and Reed we held a post mortem examination with the following results: All the pelvic tissues were enlarged, thickened and indurated; her pelvic organs were bound together by fibrous membranes. In the specimen presented to the Society, consisting of the uterus and its attachments, you will find the uterus and walls enlarged and very much indurated; also the sacks of three large abscesses, which were filled with a dark tarry fluid. The conditions of the other organs were found to be normal. The stomach and intestinal tract were not examined any further than their relation to the pelvic organs. I might mention that there was some history of something that was supposed to be cancerous in one of her aunts, who died with some malignant disease. I have purposely omitted my diagnosis in order that I might obtain the views of the members of this Society.

The specimen was carefully examined by all present and quite an earnest discussion ensued. A majority seemed to be of the opinion that the disease was malignant in its nature, while others contended that inflammation was alone responsible for the alteration of the tissue presented in the specimen.

On motion the Society adjourned till 2. p. m.

AFTERNOON SESSION.

Society called to order by the President at 2. p. m.

Dr. R. J. Lane favored the Society with a most excellent paper on the use of "Obstretrical Forceps."

Moved by Dr. Brother that the paper be received by the Society and submitted for discussion. Motion carried.

All the members present participated in the earnest and interesting debate which followed the reading of this admirable paper. After the transaction of some other business of a miscellaneous nature, the Society adjourned to meet in Shipman on the third Tuesday in July.

S. E. BUCKNELL, M. D.

Secretary.

THE SOUTHWESTERN KENTUCKY MEDICAL ASSOCIATION.

The Southwestern Kentucky Medical Association was called to order upon its sixteenth semi-annual meeting, in the City of Paducah, at the City Council Chamber, promptly at 2 p. m., Tuesday, May 20. Dr. James Hendley, of Farmington, the President, occupied the chair, with Dr. J. H. Morton as Recording Secretary.

After a cordial welcome expressed by the Chairman of the Committee of Arrangements, the Rev. K. B. Tupper commenced the proceedings by an eloquent and appropriate prayer.

The following physicians were present: Drs. C. H. Brothers, Maxon's Mills; T. C. Parker, Fulton; John L. Dismukes and D. J. Foster, Mayfield; E. M. Duncan and O. B. Withers, of Eddyville; Thomas Rivers, Hazelwood; B. T. Marshal, Woodville; C. W. Miles, Jordan Station; D. A. Maxwell, J. W. Becker, J. G. Brooks, J. W. Thompson, J. W. Singleton, W. J. Wilson, F. T. Davis, David Gardner, R. Saunders, Moses Rosenthal, S. H. Singleton, Paducah; J. A. Dodson, Dukedom, Tenn.; A. T. Hobbs and R. T. Hoeker, Lowe's Cross Roads; W. S. Graves, Dycusburg; B. L. Hendley, Florence Station; W. W. Gilbert, Calvert City; R. J. Howard, Pryorsburg; M. H. Carson, Smithland; F. M. Usher, J. H. Norris, Metropolis, Illinois; J. A. McNeel, Wingo Station; J. B. Payne, Lovelaceville; A. B. Whyne, Harris' Station, Tenn.; G. F. Weeks, Water Valley, Ky.; C. M. Sebastian, Martin Station, Tenn.; Charles Hinkle, Hinkleville; W. R. Dale, Murray; J. J. McGee, Symsonia.

The minutes of the December meeting at Fulton were read and adopted. They reflect great credit on the Recording Secretary, Dr. Morton, and were heartily approved.

A Committee on Credentials was appointed by the Chair, consisting of Drs. J. W. Thompson, D. J. Foster and Charles W. Miles.

Dr. Charles Hinkle, of Ballard County and W. R. Dale, of Murray, were received as members.

The resolution that none but regular graduates can become members of the Society was re-affirmed by a large majority.

On call of special committees Dr. Singleton read a memorial biography of the members of the Association who have died in 1877 and 1878. Referred to the Publishing Committee. The following are his introductory remarks:

MR. PRESIDENT AND GENTLEMEN:—At our last semi-annual meeting, held in Fulton, December 4, 1878, I had the honor of being appointed Chairman of a Committee to prepare memorial sketches of the lives of the members of this Association who have died in the past three years, and especially of those who sacrificed themselves during the yellow fever epidemic of 1878. We realize the fact that the task assigned us is a difficult one, and though the melancholy duty is a labor of love, it is still difficult on account of the limited means at our command of obtaining full and authentic histories of our late brethren to whose sacred memory we would gladly do justice; for this is the governing aim and object of my humble effort on the present occasion.

It seems that in spite of the best directed efforts of medical science to prevent and cure disease and prolong human life, that very frequently those who minister at our altars are often among the first to be cut down in the ranks of this busy world.

Dr. W. J. Wilson, of Paducah, reported an interesting and important case, which was appropriately referred.

Dr. Singleton spoke to the society on post partem hemorrhage, and in reference to other points in labor. Dr. Norris, of Metropolis, and Dr. Graves, of Dycusburg, took part in the discussion. After the transaction of some miscellaneous business the convention adjourned to meet at 8 P. M.

NIGHT SESSION.

The Association was called to order at 8 P. M., by the President. The time for the election of officers having arrived, the following named members were chosen for that purpose during the ensuing year.

Dr. Charles W. Miles, President; Dr. W. W. Gilbert, Senior Vice-President; Dr. C. H. Brothers, Junior Vice-President; Dr. David Gardner, Recording Secretary; Dr. F. Davis, Corresponding Secretary; Dr. D. A. Maxwell, Treasurer, the two latter by acclamation.

The time and place for the next meeting of the Society was fixed at Eddyville, Lyon county, on the second Wednesday in November next.

Dr. Hendley, the retiring President, then delivered his address, which was a most excellent production. It did great credit to his head and heart, for it was full of good things from first to last. The following is a report of the address:

GENTLEMEN:—I design to-night to call your attention to some of the duties which we, as physicians, owe to ourselves, our fellow mortals and to each other; to the spirit which should animate our thoughts and aims, "not with enticing words of men's

wisdom," and present simple and unadorned facts and maxims, which I conceive to be of much importance to us as responsible medical gentlemen, who must render an impartial account of our stewardship to the Great Physician above.

He should be true and punctual in all the relations he sustains toward his brother physician; prompt in attending the meetings of the medical societies, following in this, the example of such eminent and distinguished predecessors as Drs. L. P. Yandell, Ewing, Reed, Eve, Lipscomb, and at least a hundred others, who over fifty years ago traveled on horseback one hundred miles to be at the meeting of the Tennessee State Medical Society, and who, by faithfully discharging their duties, promptly obeying the behests of the society, in reporting cases, reading essays, etc., learned new and important truths from each other, promoted kind and fraternal feelings, and thus they became renowned physicians and ornaments to the profession, and although most of them have crossed the cold river, have entered the spirit land, and have ceased from their labors, "yet their works do follow them." So may we, while enjoying the frequent privilege of discussing medical topics, cultivating good will, friendship and brotherhood, etc., also become, if not so distinguished as some of them, that which is as desirable—benefactors of our race. In conclusion, I must confess there is always a melancholy significance if not something akin to tenderness attached to even the most trivial circumstances. When we reflect it may be done for the last time; then how much so when our associations have been so fraught with benefit and pleasure.

Permit me also to congratulate you on the favorable auspices which surround you. At no period in the history of medicine have the labors of the medical student met with better success, and achieved greater results.

Whatever be our toils and trouble in this ever changing, ever varying world, let us meet them with fortitude, having our feet firmly planted upon the imperishable platform of intellectual worth and moral integrity, going forth daily panoplied in the tried armor of moral principle, and do battle earnestly for humanity, holding in our right hand the gleaming sword of truth, in our left the bright shield of honor, while upon our breast-plate shall glow the never dying words, "the lamp of virtue is the torch to glory."

Dr. Thompson followed with the report of a case of Syme's amputation at the ankle joint.

Dr. Chas. W. Miles read an interesting paper on "Improvements in Practical Surgery," which was listened to with deep interest. Referred to the Publishing Committee, with instructions to publish, and the thanks of the Society unanimously voted to Dr. Miles.

The convention adjourned at 11:20 p. m. to attend a little

social repast that had been provided by the druggists and physicians of Paducah, for the refreshment of their honored guests.

MORNING SESSION.

The Convention was called to order at 8:30 A. M., Dr. C. W. Miles, the President-elect, in the Chair, when Dr. Brooks exhibited an interesting case of Pott's disease of the spine to the Association.

Dr. Norris, of Metropolis, followed with some remarks on the treatment of rheumatism.

Dr. Dismukes, Dr. Thompson, Dr. Sebastian and Dr. Brooks took part in a spirited discussion of this disease.

The following resolutions were offered by Dr. Singleton:

Resolved, That the thanks of the association are justly due and are hereby tendered to Dr. James Hendley, for the dignified and impartial manner in which he has discharged the duties of the office of President for the last twelve months.

Resolved, That we are greatly indebted to the retiring Secretary, Dr. J. H. Morton, for the able and efficient manner in which he has performed the difficult duties of his department.

Resolved, That our thanks are also due and tendered to His Honor, the Mayor, and the City Council of Paducah for the use of the City Hall.

Dr. Morton proceeded to introduce a discussion on the treatment of fractures, in which Dr. J. G. Brooks, Dr. J. W. Thompson, Dr. W. M. Wilson, Dr. David Gardner, Dr. M. H. Carson, Dr. C. M. Sebastian and Dr. Thomas Rivers took part. The subjects considered were of deep interest to the profession, and full of instruction.

The President appointed the following Committees:

Committee of Arrangements—Drs. O. B. Withers, A. H. Champion and E. M. Duncan.

Committee on Medical Ethics—Drs. L. J. Dismukes and F. M. Usher.

Committee on Public Hygiene—Drs. H. F. McNary, J. A. Carr and W. W. Gilbert.

Committee on Vital Statistics—Drs. J. Norris, D. J. Foster and Thomas Rivers.

Committee on Epidemics—Drs. A. B. Whayne, T. C. Parker and W. R. Wale.

Committee on Obstetrics—Drs. J. W. Singleton, B. F. Marshall and George Weeks.

Committee on Improvements in Practical Medicine—Drs. Geo. Beeler, R. J. Howard and W. M. Wilson.

Committee on Improvements in Surgery—Drs. J. G. Brooks, J. W. Thompson and J. L. Dismukes.

Committee on Improvements in Pharmacy—Drs. J. H. Morton, J. B. Payne and J. A. Dodson.

Committee on Finance—Drs. R. T. Hocker, A. T. Hobbs and C. A. Elliott.

Committee of Publication—Drs. J. W. Singleton, M. H. Carson and D. A. Maxwell.

Committee on Surgical Appliances—Drs. J. W. Thompson, David Gardner and John McNeeley.

Dr. M. H. Carson, of Smithland, read an interesting report of a case in his practice, which was listened to with interest and referred.

The leading subject chosen for discussion at the next meeting is *Cholera*, Dr. M. H. Carson to write a paper and open the debate.

Dr. C. M. Sebastian reported on "Asthma," furnishing a case of this troublesome disease which lately occurred in his practice.

The Chair appointed Drs. J. H. Norris, D. A. Maxwell and J. G. Brooks a Committee on New Remedies.

Dr. Norris suggested the appointment of a Committee on Uterine Diseases.

Dr. A. B. Wayne recommended the "Hank Dilator." Dr. Wayne was placed as Chairman of Committee on Gynæcology.

Adjourned to meet in Eddyville, on the second Wednesday in November, 1879.

OPENING OF THE MEMPHIS HOSPITAL MEDICAL COLLEGE.

The event of April 23d, 1879, was the formal opening of the new Memphis Medical College, the Medical Department of the Southwestern University. The building, which has just been completed and furnished, is a handsome three-story brick, situated on Union street, immediately opposite the Marine and City Hospital.

At half-past 4 o'clock a delegation of prominent physicians and citizens of Memphis visited the building for the purpose of inspecting its arrangements and furniture, and also assist at the opening ceremonies. The guests were first shown through the building by Drs. W. E. and W. C. Rogers, and all the arrangements excited the approval and admiration of all present, from their completeness and order.

On the first floor are situated the offices of the Secretary and the Janitor, and there is also a lobby in the rear of the lecture room on that floor. The lecture rooms occupy the back part of the first and second stories. On the third floor are the regular dissecting rooms, and a smaller apartment designed for private dissections. The company were then escorted into a room on the third floor, where refreshments were served.

The opening address was made by Judge J. A. Anderson, of the Board of Trustees, who spoke in praise of the management, by whose exertions the enterprise had been brought to a success-

ful completion, and also expressed on behalf of the Trustees and others in charge, their grateful appreciation of the kindness and generosity of those by whose aid their work had been so much advanced. Short addresses in the same strain were then made by Drs. Mitchell, Wise, Sim, Overall and Purnell, Majors Thompson and Busby, Mr. F. S. Davis and others. The closing toast was given by Dr. Mitchell on behalf of the Faculty, who thanked the generous public and friends abroad for the assistance they had rendered. Then ensued more festivity, which ended the programme of the evening. The College will be ready to commence its career of usefulness on the first of October. The prospects for success are very flattering; over seventy-five students are assured at the opening of the session. The Board of Trustees are:

Board of Trustees—Maj. L. P. Cooper, President; H. Furstenheim, Esq., Secretary; Capt. C. B. Church, Treasurer; Maj. J. J. Busby, Maj. A. N. McKay, A. C. Treadwell, Esq., Gov. Jas. D. Porter, Hon. H. Casey Young, Gov. Elisha Baxter, Col. L. J. Dupree, Senator L. Q. C. Lamar, Robt. Lowry, Esq., Col. James Elder, Dr. D. T. Porter, Hon. John L. T. Sneed, Hon. T. J. Turley, Hon. B. M. Estes, Hon. J. A. Anderson, Col. C. W. Frazier, W. B. Galbreath, Esq., Louis Hanuer, Esq., Senator Isham G. Harris, Senator A. H. Garland, Hon. John T. Jones, Col. S. S. Ashe, Gen. E. C. Walthall, Hon. C. C. Clay, D. Sutton, M. D., Capt. Charles G. Fisher, Hon. B. J. Lea, W. P. Proudft, Esq. Wm. N. Brown, Esq.

Faculty—W. E. Rogers, M. D., Professor of Surgery, Clinical and Operative; D. D. Saunders, M. D., Professor of Principles and Practice of Surgery; S. C. Maddux, M. D., Professor of Theory and Practice of Medicine; F. L. Sim, M. D., Professor of Obstetrics; B. G. Henning, M. D., Professor of Anatomy and Orthopædic Surgery; G. W. Overall, Professor of Physiology and Diseases of Children; Heber Jones, M. D., Professor of Diseases of Throat and Chest and Clinical Medicine; Julius Wise, M. D., Professor of Materia Medica and Therapeutics; R. B. Maury, M. D., Professor of Gynæcology; Julius Fahlen, M. D., Professor of Chemistry, Pharmacy and Toxicology; A. G. Sinclair, M. D. Professor of Ophthalmology and Otology; R. B. Nall, M. D., Professor of Pathological and Venereal Diseases; W. B. Rogers, M. D., Demonstrator of Anatomy; W. E. Rogers, M. D., Dean of the Faculty; office, 338 Main street, corner of Union, Memphis, Tenn.

ST. LOUIS COLLEGE OF PHARMACY.

At the commencement exercises, held Tuesday evening, March 19th, 1879, at Apollo Hall, the degree of Ph. G. was conferred upon the following gentlemen: J. F. Baehr, J. H. Evans, O. Fehringer, H. F. Hapebrock, E. Knoebel, G. J. Klein, Wm. F. Krembs, F. J. Meyer, H. T. Moeller, E. H. Mueller, John Ramming, J. A. W. Sommers, C. C. Tate, E. M. Till, J. P. Schoenthaler, E. H. Wolff.

The valedictory address on behalf of the Faculty was delivered by Prof. J. M. Good, Ph. G.; on behalf of the graduating class, by Mr. E. M. Till, Ph. G.

The exercises were followed by a social reunion.

The annual meeting of the college took place on Monday, April 28th, at the lecture room. The different committees presented reports, showing the institution in a flourishing condition. The election of officers for the ensuing year resulted as follows: President, Geo. Ude; Vice-President, Chas. Geitner; Recording Secretary, E. P. Walsh; Corresponding Secretary, G. H. Chas. Klie; Treasurer, F. W. Sennewald; Trustees, Chas. Hacht, Chas. Bang, W. H. Crawford, Henry Braun, Gustav Koch.

Professors are as follows: Chemistry, C. O. Curtman, M. D.; Pharmacy, J. M. Good, Ph. G.; Materia Medica, O. W. Wall, M. D.

MEDICAL ASSOCIATION OF THE STATE OF MISSOURI.

The Medical Association of the State of Missouri held its eighteenth annual Convention at Columbia, Boone County, Mo., commencing on the morning of Tuesday, May 20th, 1879, and lasting two days. A large-hearted and generous hospitality was extended to the profession by the citizens of Columbia, and the visit was productive of much pleasure to all concerned. There was a large attendance of delegates, and the proceedings passed off in the most satisfactory manner. The meeting was held in the chapel of the State University.

At 11 A. M. the Convention was called to order by the President, Dr. Schauffler, of Kansas City.

Prayer was offered by the Rev. Dr. Dodge.

The Committee on Credentials proceeded to examine the credentials of members.

Dr. G. M. B. Maughs, of St. Louis, on behalf of the Committee on Arrangements, reported that the committee had procured the use of the hall in which they were then assembled, also adjoining rooms for committees, and accommodations for one hundred and fifty guests.

The President introduced Dr. S. S. Laws, President of the Missouri State University.

Dr. Laws spoke as follows: I am desirous of making an announcement, but had not expected to make it so early. I wish merely to state that all the rooms you may have use for for the use of committees will be at your service, on this floor or elsewhere in the building, and also that all the departments of the institution are wide open to you, and that the members of the faculty in each department will be happy to see you. So we hope you will not think you are intruding by going into any part of the building and inspecting it to your full satisfaction. I would particularly mention the laboratory, in charge of Prof. Schwietzer, who will render any service to make everything accessible. There is the department of natural history on the next floor, and as to the agricultural farm, if any members wish to visit it, carriages will be at your disposal. It is our desire to render your stay, to the full extent of your time, pleasant and profitable. In other words, I wish you to have as full opportunity of becoming acquainted as possible. [Applause.]

The Committee on Credentials made a partial report.

The President announced that the next order would be the election of officers for the ensuing year.

Dr. Lutz moved the appointment of a Nominating Committee.

Dr. A. P. Lankford moved, as a substitute, that the election be by ballot.

Dr. Todd moved, as an amendment, that the President of the Society be elected by ballot, and that all other officers be nominated by a committee.

Dr. Evans inquired what was the law on the subject.

The President said it only provided that the election of officers shall take place annually, and that it shall be by ballot.

Dr. Todd repeated his amendment.

Dr. Lankford said he made his motion so that the members could express their preferences.

Dr. Porter expressed himself in favor of an open ballot.

The President called for a vote on Dr. Todd's amendment. It was declared carried.

The motion of Dr. Lankford, as amended, was then put to a vote, and carried.

The Chair stated that nominations for President were in order.

Dr. Alleyne said he begged leave to offer as nominee for President of the State Association a gentleman whom he thought was well known to the Association and throughout the State, one who had taken a great interest in the Association, who had done much good as far as the Association was concerned, as well as throughout the State. He proposed to nominate Dr. G. M. B. Maughs. [Applause.]

Dr. Thompson, of Jefferson City, seconded the nomination. He thought Dr. Maughs was thoroughly identified with the profession, and had done as much, if not more, than any other gentleman, to build it up in the State of Missouri.

Dr. Taylor said he rose to put in nomination a man who did not require to be introduced to that Society. He put in nomination Dr. J. M. Allen, of Liberty. [Applause.]

Dr. Essig seconded the nomination.

On motion of Dr. Borek the nominations were closed.

While the tellers were counting the vote, the Chair appointed on the Nominating Committee Drs. Lutz, Sloan, Hardaway, Duncan and Evans.

The tellers reported that the total vote cast for President was 79; the number necessary to an election was 40. Dr. Maughs had received 50 votes, and Dr. Allen 28.

On motion, the choice was declared unanimous.

Dr. Maughs, of St. Louis, the newly-elected President, was escorted to the chair. He returned thanks for the high honor conferred on him. He appreciated it the higher because it was only a few minutes previously he knew that any gentlemen were willing to risk the destiny of that grand Association in his hands. He thanked them cordially. He said he had always deemed it an honor worth a lifetime of labor to preside over a medical convention. A man who did not feel honored by such a compliment would be unworthy of his profession. He requested the aid of others in the discharge of his new duties. He said he would endeavor to deal honestly, openly, candidly and fairly, as he had done through life. His remarks were concluded amid applause.

Dr. Allen complimented the meeting on its sound judgment. Their selection had been a wise one. They could not have voted for a gentleman who would be more agreeable to him, and they could not have selected one in the State of Missouri to fill that office with more dignity, or with the good of the profession more at heart, than when they elected Dr. Maughs. During the twenty-five years he (the speaker) had been in the profession he had never flinched from his duty, or any duty that his professional brethren had sought to place on him. It was only in the discharge of his duty that he consented to be a candidate against so distinguished a gentleman.

On motion of Dr. Lankford, seconded by Dr. Rumbold, a vote of thanks was passed to the retiring President for the able and impartial manner in which he had discharged the duties of his office.

Dr. Watson, Mayor of Columbia, then delivered an address of welcome to the members of the Convention. In the course of his remarks he said: Gentlemen of the Missouri Medical Association. Formerly young maidens went forth with dance and with timbrels to welcome the conquering victor from the field of battle, but times have changed since Jephtha's daughter went forth from the walls of the ancient city to greet the hero with music and song. Though you, gentlemen, come with the victor's wreath twined around your brows, from battling against man's most in-

sidious and relenting foe, a less charming, though not less hearty welcome is accorded you. On behalf of the citizens of our town, I have the pleasure of welcoming you. Gentlemen, you are welcome. Is there need for me to say more? Can smooth words or fine phrases express more? I simply diagnose the whole case by repeating, you are welcome. It is my privilege to extend to you the hospitality of our city and the freedom of our town, noted for its beauty, the wealth, the culture, the refinement and hospitality of its people. Columbia to-day throws wide her portals and bids you welcome. As our guests, every facility which we can command shall be utilized without stint. The seat of the State University, and admitted to be the Athens of the West, Columbia would fall below those qualities of mind and heart which are attributed to her if by any dereliction she showed a lack of appreciation for a profession so distinguished and illustrious. In my official capacity as Mayor of Columbia I greet you welcome to all the immunities, privileges and hospitalities of every household, hoping that hereafter you will indulge the pleasing recollection that your stay has been one of pleasure as well as profit. [Applause.]

Dr. Porter read a report on the order of business, and gave the titles of papers already received by the committee.

The report of the Committee on Progress in Medicine was called for, but Dr. Alleyne said he was not ready.

At a quarter after 12 o'clock the Convention took a recess until 2 o'clock.

AFTERNOON SESSION.

The Convention was called to order by President Maughs.

A telegram was received from Dr. John W. Trader, of Sedalia, expressing his regret at not being able to attend the Convention. As Chairman of the Committee on Ethics, he urged the adoption of the amendments reported by the Medical Association of 1878.

Dr. Schauffler, the late President, was requested to read an address to the Convention in the evening of this day.

Dr. Lutz, on behalf of the Nominating Committee, reported as follows:

First Vice-President—Dr. A. W. McAllister, of Columbia.

Second Vice-President—Dr. C. Lester Hall, of Marshall.

Third Vice-President—Dr. W. H. Bryant, of Savannah.

Fourth Vice-President—Dr. C. A. Thompson, of Jefferson City.

Fifth Vice-President—Dr. A. N. Girard, of Shelby.

First Recording Secretary—Dr. A. J. Steele, of St. Louis.

Second Recording Secretary—Dr. W. E. Fischel, of St. Louis.

Corresponding Secretary—Dr. E. C. Evans, of Sedalia.

Treasurer—Dr. A. B. Sloan, of Kansas City.

On motion, the rules were suspended, and the President was authorized to cast the vote of the Convention in favor of the nominees. The ticket was, therefore, unanimously elected.

Dr. Prewitt read a paper on the Progress of Surgery. This paper, although it was quite interesting, the Secretary informed the Society that it would be returned to the author.

Dr. Borek read a paper on the same subject. This paper included a history of surgery, reaching back for several hundred years. This was quite interesting; at times the Doctor was quite eloquent. After he had concluded its reading, he exhibited a rubber bandage, thinner than that usually employed, which he recommended instead of the ordinary dressing. He then handed to the members slips of paper on which he had the metric system printed.

Dr. Todd, of St. Louis, read a paper on Laryngeal Growths, and exhibited two specimens. The paper was well received, and discussed by several of the members.

Dr. C. H. Hughes read an interesting paper, and exhibited an instrument of his invention, the "Aesthesiometer." His paper was on Patellar Tendon Reflex.

In the evening Dr. Schauffler, of Kansas City, delivered his address. This was well received, and a vote of thanks was passed on its completion.

The next place of meeting was then discussed, and ended in the election of Carthage.

SECOND DAY.

The report of the Treasurer, Dr. A. B. Sloan, was made, and given to a committee, this committee reporting in due time that the accounts were correct.

Dr. F. J. Lutz, of St. Louis, read a very interesting paper, and exhibited photographs and specimens. The whole paper was a credit to the author.

Dr. C. E. Michel read one of the most interesting and important papers of the meeting. The main point of the paper was against strong applications or irritating applications to the eye. This paper was discussed by quite a number of the members.

Dr. Steele read a paper on a rare case of Pseudo-Hypertrophy of the Muscles, and exhibited two diagrams.

Dr. W. Dickinson read a paper on Mydriatics and Myotics and indications for their use.

Dr. S. S. Todd, of Kansas City, delivered an address on Egyptian Medicine. This was very interesting, and received a vote of thanks.

The President appointed the following standing committees:
Committee on Arrangements—Dr. Matthews, Dr. Bryant and Dr. Gregory, of St. Joseph.

On Credentials—Drs. Miller, Wright and Moss.

On Scientific Communications—Drs. Hughes, Henderson and Taylor.

On the Progress of Medicine—Drs. Alleyne, S. S. Todd, and Allen, of Liberty.

On the Progress of Surgery—Drs. Lankford, Dysart and Mudd.

On Medical Education—Drs. S. S. Laws, of Columbia, Wm. Bond, of St. Louis.

On Ethics—Drs. Essig, Thos. Kennard, and Lenoir, of Columbia.

On Publication—Drs. Wm. Porter, Dickinson, Barret and the two Secretaries of the Association.

On motion adjourned to meet at Carthage, on the third Tuesday in May, 1880.

THE BANQUET.

On Wednesday evening, prior to their departure for home, the members of the Convention were entertained at a banquet, held at the Planters' Hotel. The tables were suitably decorated, and the bill of fare was excellent. The pleasing strains of a band of music added to the attractions of the occasion. The large dining room was well filled with guests, and general hilarity prevailed. Grace was said by Dr. Laws of the State University. After full justice had been done to the viands, Mayor Watson, the presiding officer, called on Hon. W. T. Switzler, editor of the *Columbia Statesman*, to respond to the first toast, "The State of Missouri."

Col. Switzler said: The lateness of the hour, Sir, at which I am called, and the circumstances surrounding me, utterly forbid extended remarks in response to the toast you have read. It is a very suggestive historical heading, and in every other point of view. Indeed, Sir, not only a short address might be made in response to it, but articles for magazines and books might be written in reference to the past history and present prospects and future glory of our great Commonwealth. [Applause.] Suffice it, Mr. President, to say that Missouri, in all its relations to the other States of the Union, is but the product of that Western activity and enterprise which are among the potential forces that grasp at the knowledge and population and the wealth of the world. Missouri is but a result of this activity and enterprise. I recall the fact, Sir, that the first settlement in our great State was at St. Genevieve, more than two hundred years after the discovery by DeSoto, and more than sixty after the exploration by Marquette. I recall the other historical fact that at the time of the admission of Missouri to the Union in 1821, the population of our State at that time was only 70,000. At the time of the admission of Missouri to the Union, the City of St. Louis contained only a population of 12,000; there were at the time on the tax bills of that city about 430; no one paid on more than a taxable value of \$20,000; a large majority were not \$5,000. In 1821 the entire taxes collected were \$3,800. According to the last census there are 400 tax-payers in the city of St. Louis who pay on tax bills of above \$50,000; several of them more than a million, and in the aggregate sixty millions.

Mr. President, we note the tremendous strides this great Commonwealth has made in the achievement of wealth, in the arts, in the sciences, in commerce, and in all the great industries which mark and distinguish the civilization of our eventful era. To-night, about sixty years after her admission to the Union, Missouri, instead of having a population of only 70,000, boasts a population of over two millions, and its proud commercial metropolis, St. Louis, [applause] which to every Missourian ought to be as the apple of his eye, instead of having a population of about 12,000, boasts a population of more than 500,000, and Missouri a taxable value exceeding six hundred millions of dollars. See what we have accomplished in little more than half a century. At the time of the admission of our State into the Union, why even St. Louis was without commerce, without schools, without railroads, without street cars or gas, crossing the river in the old wooden flats, instead of using the magnificent steel tubular bridge which now spans the Father of Waters. At that time, Sir, there were no railroads in the State. Indeed, as a means of communication between the different portions of the country for passengers and freight, railroads had not been invented. Even as late as the year 1812 steamboats were scarcely known, and the electric telegraph, which now encircles the globe, was not even dreamed of for a generation afterwards.

Now, Sir, what do we perceive? Missouri, with its population of more than two millions, with a taxable wealth of six hundred millions; a State which, instead of being as it was then, unknown to the large majority of the people, even upon our seaboard, unknown even in name; a State west of the Mississippi without population, without prosperity, without commerce, without government almost, now, Sir, is one of the central States of the Union, and the very seat of empire; [applause] a State which is the fifth State in point of population in the sisterhood of thirty-eight States; a State entitled to fifteen deputies in the Electoral College; a State, Mr. President, in conclusion, which, with a wise administration of its government, and enjoying the beneficent smiles of a gracious Providence, will attain to untold wealth and to population,—will be consecrated as the home of religion and liberty and science and art, and be the very keystone of the arch of an indestructible Union. [Loud Applause.]

The next toast, "Our Guests," was responded to by Dr. J. M. Allen, of Liberty, Mo., who spoke as follows:

MR. PRESIDENT AND GENTLEMEN:—In the common parlance of the profession—and you must not expect a doctor of twenty-five years' practice to step much out of the track—in the diagnosis of a case we first ask what is the disease? Second, we trace the indications of nature, and ascertain, if possible, what is its cause. We have received and enjoyed this cordial and magnificent hospitality, so far in excess of anything that we have received before, it naturally leads us to inquire, what is the cause? Man,

without the refining influences of education and religion, possesses none of the cardinal virtues. But when you give him the elevating and refining influence of religion and education you develop in him all the cardinal virtues. When you have elevated him to this point he then has that magnificent principle of love of his race. A love of race is the prompting, in my opinion, of this magnificent hospitality. Columbia has been peculiarly fortunate in several regards. First, in her first settlers. They were men of broad and comprehensive minds; men who had minds, and men who had foresight enough to see the great advantages that would grow from an institution like the University of Missouri, located at Columbia, and while it has been of remarkable advantage to the people here, the State at large has been benefitted therefrom. Their efforts, their persistent and constant efforts, did not dwindle down to the mere matter of local interests, but expand and comprehend the great interests of the State of Missouri. These influences that have been the outgrowth of this institution have done much to put the citizens of Columbia in an enviable position. I have often heard the statement that Columbia was the Athens of Missouri, and I claimed that honor for Liberty. I now yield to Columbia. [Applause.] Gentlemen, when I say this, I do not say it as a matter of form; I say it from the bottom of my heart, and when I say that I yield the palm to any town, or any county, or any people, in preference to my own native county, I say a great deal. [Applause.] Gentlemen, this is my first visit to Columbia. It is the first time I have had the pleasure of going through and examining for myself this grand institution, the University of the State of Missouri. It should be the pride of the State; it is an honor to the State, and the State should feel proud of having such an institution, and Columbia remarkably fortunate in its being located here; and let me say, as a friend to the highest order of medical education, that I have given a good deal of attention to the manner in which medicine is taught in this institution, and I say to-night my prejudices have all been removed. I believe that the State of Missouri, in her move in this direction, will place on a firm footing that principle we have all been contending for so long—that of elevating our profession to a point that will command the respect of the citizens of Missouri, and forever banish quackery. [Applause.]

Now, gentlemen, I wish I was a poet, but they are never in my shape; [laughter and applause] therefore, I cannot get off any poetry. I wish I was an orator. But when preceded by such a gentleman as Col. Switzler, to aspire to be an orator would be placing me in a false position. But I do say I leave Columbia with the most pleasant feelings, and I believe I may say, on behalf of every gentleman attending the Medical Association, that we leave with the most pleasing remembrances, and with an earnest desire that what she has accomplished in elevating our

race by intelligence and religion shall in the next twenty-five years treble what she has already done. [Applause.]

Dr. Manghs, of St. Louis, responded to the toast, "The Citizens of Columbia," as follows :

MR. PRESIDENT AND GENTLEMEN :

From a time when the memory of man runneth not to the contrary, the hospitality of Columbia, the glory and the gem of the State, has been the theme of song and story. But like the Queen of Sheba returning from the Court of Solomon, we can truly say, "the half has never been told." This people early discovered the true philosophy of life, that to exalt, refine and ennoble the race, you must feed it well. The most refined and noble men and women are those who are best fed; the the higher virtues and good cooking are inseparably associated. Fill a man's stomach with well cooked and delicately prepared food, and he is grateful to God, and in love with his fellowmen, ready to run his hand to the bottom of his purse to feed his next door neighbor, or to send a missionary to the Hindoos, or to buy his wife a new dress. With an empty stomach, or with one filled with raw or badly-cooked potatoes, or oatmeal porridge, he yelps with the Commune, and is ready to throw stones at a passing carriage or help hang the missionary.

You may have a starved poet or a hungry scholar, but true nobility of soul is necessarily associated with a full stomach. If, therefore, Boone County, and more especially Columbia, is famed for the nobility of its people, it is because the bewitching art of cookery has here been brought to its greatest perfection; good cheer has begotten hospitality, and this again has reacted upon its cause, until there has been produced here the bravest and noblest of men, and the fairest and loveliest of women—very angels—and while such inhabit earth, we rejoice that we are not in heaven, but of earth earthly; that we may love and worship them, and yet they are still slightly tainted with the foibles of their sex, and have played off, as I see clearly, on us innocent doctors a rather sorry trick.

Having been long drugged with nauseous draughts by their family physicians who mercilessly had them gape and swallow as ordinary mortals are told to do, they determined to take revenge on the whole tribe, and for this purpose have taken advantage of this occasion, when the doctors of the State are gathered together in council, to deliberately feed them to death. The result has been truly deplorable. Around me here are a number of doctors who came up to this Association as lean as weasles, and now after two day's feasting, in which they have been compelled to eat their way through eight or ten courses three times a day, they are bloated up like bladders, and will go home to die with dropsy; and others as my friends Drs. Hughes, Schauflier and others, when they came here could have crawled through a lady's finger ring, but now present such Falstaffian proportions

that a dozen cases of ale, more or less, would scarcely add to their dimensions. Why, their wives will not know them and will sue out divorces—see the mischief done—while the rest of us will return changed from the most amiable of men as we were when we left home, to gloomy, morose dyspeptics. This has been a wholesale “slaughter of the innocents.”

Well, I am glad to know our wrongs will be avenged, as I learn that next week this place is to be visited by a hungry swarm of editors, who, more ravenous than a cloud of locusts, will utterly devour this people. Now, a doctor is a kind and gentle animal, who can be killed by over-feeding, but who ever heard of a hungry editor being thus disposed of; why, their stomachs are as elastic as their consciences and they will put away enough provisions next week to last them until after the Christmas holidays. They will produce a sore famine in this land, and a wail of lamentation will be heard and there will be no doctors to administer unto them. Then, indeed, will they be sorry they did us so [Applause.]

Owing to the lateness of the hour no more toasts were read or responded to.

The courtesies extended were from the first to the last manifold, cordial and unwearied. On our arrival, we were met by a deputation of citizens, escorted to a spacious hall, from whence, by the Committee of Arrangements, we were made to experience the first demonstration in the extended series of hospitalities in reserve, and which was totally unexpected, viz: Assignment to the homes and society of the warm hearted citizens. By our several hosts, carriages were furnished for conveyance to and from the assembly, and for excursions to places of interest in and around the city. The kindly ministries and urbanities of the ladies of the several households, deeply appreciated, but which by enumeration would be shorn of their delicate fragrance, were extended to us strangers with all the sincerity and warmth which characterize life-long friendships. The banquet, the last and crowning act, bountiful and royal in all its details, will serve to crystalize into an enduring monument the pleasant reminiscences of the session of 1879.

True and considerate to the last, our hosts accompanied us to the depot, and on the departure of the train, bade us “God speed.”

Clinical Reports from Private Practice.

Abdominal Section for Ruptured Uterus. By Chas. Black, M. D., of Saint Louis.

On April 15th, Mrs. Biermann of 2118 O'Fallon Street, a sensible midwife, was called to Mrs. Shea at 5:30 A. M. The membranes were already ruptured and the waters discharged; she recognized a head presentation, the os being of the size of a silver dollar; pains severe in the back and front, but no bearing down. Began to bear down about 10 A. M., and the head advanced, but the os dilated slowly; was on the chamber, and evacuated the bowels at 11 A. M. Just before 12 M., the head was encroaching on the perineum and separating the labia, but the os could still be felt, and not quite sufficiently dilated to allow the head to pass. Suddenly in the midst of a severe pain, the patient cried out, and the head receded from the touch; lips became blue and body cold. She complained of much pain in the abdomen, but no labor pains occurred afterwards. During the labor, the patient had taken of the essence of cinnamon. After the disappearance of the head, the midwife found a hand high up, but could not reach the head again.

At 2 o'clock, P. M., Dr. Hodgen was called, and I accompanied him to the patient's residence. Her condition was found to be as follows: Pulse small and frequent, no special expression of face, and no great prostration. She complained of constant and severe pain in the belly.

On palpation, the fact that the foetal limbs were immediately in contact with the anterior abdominal wall was clearly evident. Dr. Hodgen made an examination per vagina, and found an unusual fullness at the posterior wall of the upper part of the vagina, while in front the hand passed through a rent, and above the brim of the pelvis came in contact with the foetal head and hand of the fetus, and the intestines of the mother.

He instructed me to administer the chloroform, and the patient being fully anæsthetized, an incision was made, beginning near the umbilicus and extending down the linea alba to within about three inches of the pubis. On opening the peritoneum, large clots of blood were apparent, and an arm and leg. The arm presented was pulled out and the head lifted and drawn through the opening; the placenta being free in the abdomen, it was removed

with the fœtus, which was a large one. Dr. Hodgen likewise removed about a pint of blood, both clotted and fluid, while I held back the omentum, which, coming down in front of the uterus, was inclined with the intestines, to escape from the abdomen through the wound.

The rupture in the peritoneum was large and irregular; the bladder was robbed of peritoneum on its superior and posterior part; considerable blood infiltrated the connective tissue beneath the peritoneum, so that it presented the appearance of being much thickened; so much so, that Dr. Hodgen mistook it for the vaginal wall and commenced stitching it up. The ureter ran near the torn border of the peritoneum at the right side. This was carefully avoided in making the stitches. Not many of these were taken before Dr. Hodgen was convinced he was only stitching the peritoneum and infiltrated sub-peritoneal tissue, and discovering that the stock of silk was insufficient, he decided to go to the office for more, intending also to procure some silver wire and chloroform, I having used almost all of the latter, which we fortunately had along with us. Leaving me to keep up the anæsthesia and prevent a prolapse of the contents of the abdomen through the wound, he went and returned shortly with Dr. Mudd. Some of the stitches already made were removed, and by passing his hand into the vagina, Dr. Hodgen found with some difficulty the lower part of the rent in the vaginal wall on the right side, and extending obliquely across towards and including a part of the neck of the womb, terminating on the left side in a ragged tear. Beginning in the vaginal tissue at the lower part of the rent, the needle was inserted from the mucous surface, carried out through the peritoneal surface, and carried through opposite border from peritoneal to the mucous surface. In this way the knot was tied and cut, so that it presented in the vagina; the stitching was continued in this manner until perhaps 10 or 12 were taken, completely closing the rent. During this, there was almost no hemorrhage; the uterus was firmly contracted, in position, lying to the left of the spine, and its fundus above the umbilicus.

After the stitching was completed and while Drs. Mudd and Hodgen were sponging away the small amount of blood, I observed a whitish creamy fluid with a slightly yellowish tinge, and lighter in color than ordinary pus, discharging from under the omentum on the right side near the upper end of the cut, and to which I called attention. Perhaps from four to six ounces were discharged perfectly free from blood, except the streaks which stained it as it passed over the external wound. It was odorless and proved to be tasteless (Dr. Mudd) and flowed more freely when pressure was made above and on the right side of abdomen. In this connection it may be remarked that the effect of the anæsthetic was somewhat moderated, and that the patient momentarily struggled. Dr. Hodgen passed his hand into the

cut and sought for the source of the fluid, but with a negative result.

The parts were freed from blood and discharge; the external wound closed by interrupted sutures, including the peritoneum with the other elements of the abdominal wall; a compress of linen was applied, and on this a small pillow and a snugly fitting bandage; while yet the patient was under the influence of the chloroform, a-quarter of a grain of morphine was given her.

The patient showed no great exhaustion from the operation; pulse was small and frequent; breathing regular and full; morphia (quarter grain) was ordered in one hour if the patient should awake with much pain, three quarter-grain powders being left.

During the stitching of the rent the bladder was completely emptied from the pressure of the hand in the vagina; the uterine wall bled very slightly, and this entirely closed when the rent was closed.

6 P. M.—Dr. Mudd visited the patient; she was restless; suffered from pain and thirst; pulse frequent and weak.

11 P. M.—Dr. Hodgen found her with hot skin; pulse stronger and complaining of pain in the back; had taken the remainder of the morphine. A grain of morphine was ordered, divided into six powders, one to be taken every two hours in conjunction with seven and a-half grains of chloral if pain continued.

APRIL 16TH. 7 A. M.—Dr. Mudd visited; found the woman tossing and restless; pulse less frequent and stronger; forehead moist and cool; had taken the second grain of morphine but had obtained no sleep; had also taken thirty grains of chloral.

9:30 A. M.—Dr. Mudd visited; patient's pulse was weaker; three-sixteenths of a grain of morphine was administered hypodermically; she continued to suffer, grew weaker and died at 12 M., April 16th, twenty-two hours after the operation.

The above case reported by Dr. Black furnishes an intimation that one may be deceived as to the tissue rent. In this case the sub-peritoneal connective tissue was so infiltrated with blood that I mistook it for the vaginal wall. I call attention to this that others may profit by it. The white fluid discharged from beneath the omentum was undoubtedly chyle. A portion of it was collected and was found coagulated, and presented the appearance of cold tallow.

The specimen was presented to Dr. Baumgarten, who examined it. He reports:

MAY 26TH, 1879.

DR. HODGEN:

DEAR SIR:—Repeated examinations of the specimen of fatty fluid from the abdomen have not developed anything beyond my verbal report. The specimen, as seen by me, looks like an impure animal fat liquefied by heat, and then solidified again by cooling. It is very easily soluble in ether, leaving only

a small portion of residuc. This latter, under the microscope, shows, besides some amorphous granular matter, distinct cell formations; some of these are leucocytes, some evidently of an epithelial nature. There is nothing in this result of microscopical examination to militate against the assumption that the fluid as originally obtained was lymph; altered probably by having been collected in varicose dilations, or in extravasations from mesenteric lacteal vessels.

Very truly, G. BAUMGARTEN.

This chyle must have been from a cyst, as no such rapid flow could have occurred from other than a large accumulation.

JNO. T. HODGEN.

A Remarkable Case of Fatal Hemorrhage from the Genital Organs. Reported by Thos. Kennard, M. D., of St. Louis.

On Monday, June 2nd, at twenty-five minutes to 12 o'clock, a young man came to my office, No. 511 North Sixth street, and requested me to visit a young woman at the Eutaw House, on the northwest corner of Seventh and St. Charles streets, one block distant. Upon inquiry as to what was the matter with her, he replied, that she was bleeding, and that they (he and the girl) could not stop it. In about three minutes I reached the hotel and was directed to room No. 16, on third floor, on the St. Charles street front. I was admitted to the room by the young man who came for me, and was greatly surprised at the sight before me. Upon the bed lay a young woman perfectly blanched from the loss of blood; her surface as cold as marble and almost as white, except around her nose and below her eyes, where a purplish discoloration was very marked. There was no pulse at the temple, the wrist or the ankle. The impulse of the heart-beat was very feeble; the respiration was slow, irregular, labored and jerking; she had great thirst, and was constantly calling for water; was much alarmed; very restless, and continually turning from side to side, and attempting to raise her head. Her underclothing, as well as the sheets, blankets and bed spread were thoroughly saturated with blood, so that you could wring it out of them. There was not a dry or unstained covering about her. The mattress was soaked with her life-fluid, and besmeared all over with blood. Clots of blood were sticking to the wall-paper and the carpet in many places, as if she had been groping around the room vainly endeavoring to check the hemorrhage. I at once introduced my fingers into the vagina and removed a large amount of coagulated blood, that canal being filled with it thoroughly, and then resorted to the tampon, plugging the vagina completely and closely with raw cotton, and applied a bandage to keep the tampon in place. As soon as

some brandy could be procured, which required only a few minutes, I gave her a moderate dose with thirty drops of laudanum. Finding by my first examination—per vaginam—and afterwards by external manipulation that there was no enlargement of the womb, no signs of accumulation of blood in that organ, and as far as I could detect no signs of injury done to it, I thought that, perhaps, she might rally from her condition. No hemorrhage whatever occurred after this, but her symptoms grew rapidly worse, and she died at eight minutes past 12 or thirty minutes after I first saw her—from syncope or failure in the capability of the heart to act from the great loss of blood. She bled to death from eight hours continued hemorrhage, which fatal result might have been prevented had medical assistance been sought in time. As soon as I had checked the bleeding I gained the following information from her in regard to her identity and life. She told me her name was Mary Cahill, and that her parents, John and Mary Cahill, lived in the rear of 1315 North Ninth street, near the corner of O'Fallon and Ninth, and were poor, hard-working and respectable people. That she had lived at home, with the exception of three months, when she was out at service.

That she was seventeen years and eight months old, and always had enjoyed good health, and that since she became a woman she had menstruated regularly, and had never had any symptoms of pregnancy as far as she knew. She told me that she had become acquainted with the young man who had come for me, not very long since, but had been intimate with him on several occasions, and also with another man. She said that they had come to the Entwaw House at 10 P. M. on Sunday night, and she had occupied the same room and bed with him; that about 4 o'clock Monday morning she had commenced flooding, and that all efforts to stop it had failed. She did not reproach her friend for having maltreated her in any manner, and positively denied that any instrument had been used upon her by herself or any one else. Seeing that her death was inevitable, and that she was sinking rapidly, I informed her companion of her danger, and advised him to go for her mother, whom he said he had gone for before he came for me.

This morning I saw the body of the deceased at the City Morgue, and ascertained that no hemorrhage had occurred after I had applied the tampon. At 4:30 this evening, I was present at the autopsy made upon the body by Coroner Auler and his assistant, Dr. Seaman. The body was unusually white and blanched, as if completely drained of blood. The abdominal viscera were in a perfectly normal condition; as healthy as I ever saw in any subject, but very thoroughly depleted. The genito-urinary organs were removed, and upon a thorough examination, the womb presented no appearance of ever having been impregnated, and was perfectly normal in every portion,

except at the fundus, where there was some discoloration of the mucous membrane. The ovaries, Fallopian tubes and ligaments of the uterus, as also the bladder and rectum, were perfectly healthy. The vagina was the only portion of the genital organs that showed any signs of injury. A short distance within that canal, upon the right side, laceration of the mucous membrane was found, and near it, two smaller lacerations. Posteriorly also, and near the ostium vaginae, was another considerable laceration of the mucous membrane. There was marked ecchymosis of the subjacent and surrounding tissues. It is my opinion that some rough instrument had been passed up into the vagina by the parties concerned, or by some ignorant person with the view of bringing on the menstrual flow, because the girl had imagined that she was pregnant. My opinion is strengthened in regard to this explanation for the following reasons:

1st. That no innocent girl would have bled as long and as profusely as she did from her genitals, without becoming alarmed and sending for a physician in time to save her life.

2d. That such laceration of the mucous membrane of the vagina, and effusion into the surrounding tissues could not have been produced by natural means.

3d. If the hemorrhage was accidental, and both parties were innocent of having resorted to any violence, instrumental or otherwise, how could these lacerations in the vagina have been produced, and if as the appearance of the womb indicated, no injury had been inflicted upon that organ, whence came all this bleeding, and what first excited it in a strong healthy girl who had never had any hemorrhage before, or any irregularity whatever in her catamenial function? It is plain enough that she died from hemorrhage from her genitalia; from a strange and fatal neglect in not calling in surgical assistance in time to check it, and thus allowing her gradually to bleed to death; but what first produced the bleeding can never be determined. The case was a very mysterious one, and perfectly unique. I had no assistance, and no time to do more than was done for her, because there was very little blood in her when I first saw her.

Correspondence.

ST. LOUIS, Mo., May 30, 1879.

EDITOR JOURNAL:—I owe you my thanks for calling my attention to a personal editorial in the *Hospital Gazette* of April 11, 1878, and for sending to me the article a month or two ago; this was the first time that I have heard of or seen it. I am free to say that had I seen it even as early as it was published, without knowing its high authority, I do not believe I should have noticed it, for I do not think it merits a notice; but as it has been partly republished in your excellent JOURNAL of last month by the request of Dr. Frank H. Hamilton, of New York City, and as in his letter, prefacing it, he accuses me of practicing a species of charlatanism, I am obliged to ask space for a reply to both.

If it were not that the *whole* editorial seems to be the work of Dr. Hamilton in a personal attack on myself and others in what he seems to think as in defense of himself, I would think that it was a little over-hasty for the editor of the *N. Y. Hospital Gazette*, to take up the gauntlet in defence of Dr. Hamilton. Notwithstanding that I am well convinced as to who is the author of the editorial, I will answer the *Gazette* part, as though its young editor alone were responsible.

The learned gentleman accuses me of misquotations, misrepresentations, flippancy, slur, soiling, etc. Any one who will carefully read my articles in your JOURNAL, and will compare them with what the *Gazette* says I said, will be at once convinced that it is guilty of what it falsely accuses me. He makes designed distortions. I stated in the March number (1878) of your JOURNAL, under the head of correspondence, that I quoted Dr. Hamilton in good faith, and I repeat the same here. The editor *assumes* the authority to say, that Dr. Hamilton never did say this or that, either publicly or privately. Will he please read this short extract found under the caption of "News Items, Medical Facts, etc.," in the American Reprint of the *London Lancet* for December, 1874:

"ONE HUNDRED DOLLARS REWARD.—Dr. Frank H. Hamilton offers one hundred dollars, says the *Cincinnati Clinic*, to any surgeon who will produce a case of fracture of the thigh in which no shortening has taken place. The diagnosis must have been confirmed by at least one medical man besides the surgeon who had charge of the case soon after the accident. The final meas-

urement to be made by Dr. Hamilton himself in company with two other surgeons. The patient must be above twenty, and should not have experienced paralysis or atrophy of the limb."

It may be that the *Lancet* has misquoted Dr. Hamilton or that he may have been wrongly reported (?).

The other gentlemen whom the editor brings in connection with me are able to defend themselves. My own reputation is such that it outweighs all the insinuations of the *Hospital Gazette*. If the other surgeons claim never to have had any shortening after the treatment of fracture of the femur, they can do more than I have been able to do, as a general rule. It is *not true* that I claimed any such results in my writings, Dr. Hamilton and the *Gazette* to the contrary notwithstanding. By good results I understand exactly what the Section on Surgery in the American Medical Association in 1877 adopted, and of which Dr. Hamilton himself was chairman. Shortening or lengthening is not the point of issue in my papers. I did not say that Dr. Hamilton was unfortunate in the treatment of fracture of the femur, nor did I allude to his present mode of treatment in adults with the "model splint." I used the word "unfortunate" in connection with the inclined plane, etc. The editor ventures to speak for the dead also. As the illustrious man to whom he refers (N. R. Smith) has passed away and can not raise his voice, it may be well to remind the *Hospital Gazette* that he was a model gentleman and one for American surgeons to be proud of.

I was not aware until informed by the *Hospital Gazette* that Dr. Hamilton was made a bulwark of by the profession. My impression has always been, and is now, that he is quoted so frequently because he is esteemed as a surgeon, and looked upon as an authority.

The word "disgust" as used by Dr. Hamilton is found in the *New York Medical Record* of January 5, 1878, No. 369, first page, second column, second line, second word. I am very sorry to say that in one or two of my quotations a word or two were left out, but it neither changes nor "soils" in any way the meaning. Aside from these, my quotations and punctuations are *correct*. Enough for the *Gazette*; yet there is no doubt that the young gentleman was in great delight with himself after he first saw the editorial, for if harsh words are essential to a *telling* leader, he ought to have congratulated himself on its reception and no doubt he willingly laid aside his own effort at editorial writing for the next week's issue.

In reply to Professor Frank H. Hamilton's letter to you, wherein he accuses me of misquotation and and misrepresentation, I have to say, that the doctor is simply in error. I will say again, as I said before, that he may have been wrongly reported, but I quoted him in good faith, and gave my authority. I may also have misunderstood his writings, and am willing to correct,

in due time, whatever I may have misapprehended; but I protest emphatically against his accusations towards me.

In my monograph (no copyright secured,) on "Fracture of the Femur," I left out the sentence offensive to Dr. Hamilton, out of courtesy to him; still he is not tranquillised. That I am not afraid of publishing my bad results and unsuccessful operations, is well-known.

The Doctor informs *us* (I will not use the words "the public," at least my writings are only intended for the profession,) that my principle is not new. I admitted that; neither is the method new, I said so explicitly in my paper, and that I was well aware that the flexed or inclined method had its faults. But the Doctor is again in error, when he says I claimed extraordinary results; he gets things mixed. There may be no need for new inventions, but there is much room for improvement in the old.

He then accuses four out of five nameless gentlemen of not having spoken the truth, and practicing a species of charlatanry, and directly afterwards boasts of his own broad charity. What can we think of one who claims to possess five times the amount of charity that belongs to an ordinary being thus accusing his professional brethren of so great and grave a crime? What would he do if his charity were reduced to one-fifth, or had none at all? Yet I must feel glad, that within the walls of Gotham there is so much christian virtue.

Prof. F. H. Hamilton, whom I have always highly esteemed, can rest assured, that in order to avoid "misquotation," on *either* side, I shall in future not quote him again, nor pay any attention to what his *lieutenants* may (?) write hereafter in his defence. I refer the profession to my articles in this JOURNAL for Jan., and March, 1878, and to my monograph on fracture of the femur, 1879, and to dates of Journals quoted therein, for their own decision.

Very Respectfully,

EDWARD BORCK, M. D.

3613 N. 9th Street

A CORRECTION.

St. Louis, May 25th, 1879.

EDITOR JOURNAL:—In your most excellent journal of May, we find a review of Dr. Thomas Bryant's work on Surgery, by Dr. John T. Hodgen, wherein Dr. Bryant gives a quotation from John Simon's work on cancer, and adopted by Dr. Hodgen, proving that cancer is local in its origin. Here is the quotation from Simon, that these gentlemen rely upon to prove that Simon taught in his lectures upon cancer, that cancer is really local in its origin: "The author holds that cancer appears to be in its origin a local disease, and becomes general either by the juices of the primary tumor exercising an impregnative spermatic influence upon parts, or by dissemination of its elements, as taught by Simon." "The practical deduction from the theory of local origin is that" "the earlier a cancerous tumor is removed the better, and the better prospect for a cure." Now it is a matter of regret that Dr. Hodgen has never read Simon, for if he had, he would never have adopted Bryant's errors in relation to the teachings of Simon in regard to the origin of cancer. The truth is, that Simon never did anywhere teach that cancer was local in its origin, as stated by Bryant and Hodgen. Let us see what Simon did teach regarding the origin of cancer in his "Lectures on Pathology," where we find his opinions clearly stated by himself. "The cells of the tumor have grown like healthy gland cells, like the nucleated cells of a mucous membrane, only to discharge themselves with their contents. There is nothing, I repeat, like hypertrophy in the disease; it consists essentially in the establishment of a new rent, a new organ of elimination; and that organ develops itself according to the type of other secreting organs; it develops itself as an apparatus for formation of deciduous cells."

How constitutional, how intensely constitutional, is this eliminative action, can hardly be misunderstood. The mere fact that nature thus deliberately, and without any exterior provocation, organizes in one spot of the body a drain which becomes so ample, as to starve the remainder; the circumstance that this flux is not a single emptying out of some previous local accumulation, but is a persistent process, depending day by day on new acts of growth; the observation that the tendency to the disease is in many instances hereditary; the existence of a marked cachectical state which precedes, as well as accompanies the evolution of the tumor; and most of all, that flagrant evidence of metas-

tasis which daily renews itself for our instruction, consisting in the failure of surgical operations, by reason of the obstinate emergence of the disease, even again and again, in parts previously uncontaminated by its presence. These arguments are to my mind as conclusive for the constitutional and purely constitutional origin of cancer, as any which I could adduce to show the constitutionality of small-pox or gout." These views are to be found on pages 116 and 117.

I have made these extensive quotations from Simon, so as to show what he really did teach in regard to the local origin of the malignancy of cancer. It is a matter of regret, that the neuropathologists and the cellular pathologists, do not more thoroughly study Robin and Haickel on the origin of life, depending on the plastides and albuminoids for its existence. If these mechanical surgeons would take a little more time, and study the origin of the monad, and through them up to the highest organism, they would learn that there are forces and matter in nature which produce and develop cell life, and that by cutting out these cells, they can not cure the cause that produces that abnormal condition of constitutional cancer in the human system.

WILLIAM JOHNSTON.

702 Olive Street.

Periscope of Current Medical and Scientific Literature.

MATERIA MEDICA.

AMBLYOPIA FROM THE USE OF TOBACCO.—In a late article on this subject, M. Guéniot states as the result of his observations—

1. That the amaurosis of nicotin begins always in one eye, and never affects both eyes equally from the beginning. The patient sometimes sees objects yellow.

2. From the beginning the patient sees as in a mist, which gradually becomes more obscure. Along with this mist there exists a central scotoma.

3. There is at first a weakness in the central power of vision, while the peripheral perceptions remain normal.

4. Guéniot had never observed any especial pain or headache. The patients do not see so well toward the evening.

5. The pupils are almost always contracted and immovable.

Guéniot gives the following as the distinctive diagnosis between the amaurosis of nicotin and of alcohol. The amaurosis following the abuse of alcohol begins in both eyes at once, while that of nicotin is at first always unilateral. In both diseases there is central scotoma, but in the intoxication of nicotin alone are there muscæ volitantes. There is pain with the alcohol amaurosis, and the patient sees better toward the evening. The reverse is the case after amaurosis following the use of tobacco. Both diseases may end with atrophy of the papilla, but the amaurosis of nicotin progresses most quickly.—*Med. and Surg. Rep.*

MINIMIZING THE DANGERS OF ANÆSTHETICS.—In a late address, Dr. C. M. Tidy recommends the following precautions: (1) Choose in every case the safest anæsthetic, and first in our list stands nitrous oxide, then ether, and lastly, chloroform. We should not be justified in saying that the latter should never be used in dental operations, any more than we could say it is never to be used in any other operation, but its use should be confined to exceptional cases. (2) The anæsthetic should be administered at the patient's house. This applies more especially to ether and chloroform. (3) No anæsthetic should be administered except by a qualified medical man, and if possible, by an expert. (4) The operator should have nothing to do with the administration of the anæsthetic, and the administrator of the anæsthetic should have nothing to do with the operation. (5) If possible, a third qualified medical practitioner should be present, in the event of something going wrong. (6) Everything that could possibly be required in the event of an accident, should be in readiness.

There can be but little doubt that of all means artificial respiration, and preferably by Sylvester's process, succeeds best in restoring a patient; and also galvanism, which has been somewhat pooh-poohed, has undoubtedly done good in such cases, and should never be left untried. But artificial respiration must never be abandoned during the time that galvanism is being tried.—*Med. and Surg. Rep.*

RELIEF OF PAIN FROM THE APPLICATION OF SULPHATE OF COPPER.—Dr. Pick, of Vienna, observes that it was by mere accident that he discovered the means of relieving the intense and enduring pain caused by the application of sulphate of copper in disease of the conjunctiva. As in purulent ophthalmia these applications have sometimes to be made daily, the relief of such suffering is of great importance. The plan consists in sprinkling calomel over the parts to which the sulphate has been applied, four or five minutes after they have been touched. The pain immediately diminishes; and after from three to six days of this procedure, the calomel may be applied immediately after the touching with the caustic, and then the pain instantly disappears.—*Med. and Surg. Rep.*

THE SECRET OF "METALLO-THERAPY."—As Professor Hammond very amply demonstrated in this (See *REPORTER*, vol. xxxix p. 539) the whole of Charcot's teachings about metallo-therapy is but a resuscitation of an old delusion. Dr. Carpenter, the physiologist, has recently shown, from another point of view, that it is an effect of attention and expectancy in nervous and hysterical subjects. It is marvelous how eminent and shrewd observers have been fooled anew by these long familiar phenomena. It is but a rehabilitation of Mesmer's doctrine of the magnetic fluid.—*Med. and Surg. Rep.*

THE purgative effects of hypodermic injections of aloin has been investigated by Dr. Fronmaeller, who states that a solution of one part of aloin in 25 parts of very warm water will have the same purgative effect, when injected hypodermically as when taken internally. Two injections are usually necessary to produce the desired effect in from 6 to 14, very rarely in 2 to 3 hours, there being scarcely any irritation and never an abscess caused, where injected. Hypodermic injections with extract of aloes (1 part in 10 parts of water) also proved efficacious, but produced a stronger inflammation, where injected, than aloin.—*Pharm. Post. Am. Jour. of Pharmacy.*

CHRYSOPHANIC acid has been recommended in England as a remedy for psoriasis and parasitic skin diseases, and was recently used successfully in several of the largest hospitals of Berlin. It appears in commerce as a yellow amorphous powder, possessing a peculiar strong odor, and is not soluble in water, scarcely soluble

in alcohol, but more so in ether; it does not answer the description of the pure acid, nor does it yield exactly the same reactions, and must therefore be considered an impure preparation.—*Pharm. Ztg.*

POISONING WITH SALICYLATE OF SODIUM.—Dr. Feltz reports the poisoning of a man who took 200 grams of salicylate of sodium in one month. He took 4 grams three times daily for seven days, then increased the dose to 6 grams, and, in the last 17 days to 8 grams three times daily. The intoxication symptoms were principally frequent vomiting and repeated attacks of very painful headache, preceded by reddening of the neck, face and head. His pupils were very much contracted and the symptoms continued for 17 days after the last dose of medicine had been taken, while the acid could be detected in the urine for 16 days.—*Ap. Ztg.*,

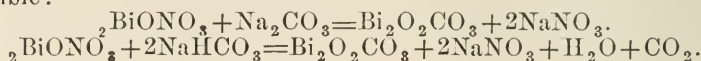
SALICYLIC ACID AGAINST TAENIA.—After trying almost all other remedies in vain, Marynowski administered to a lady who had suffered with taenia solium for nine years, 0.5 salicylic acid four times at intervals of one hour and then gave a tablespoonful of castor oil. This treatment proved painless and perfectly successful.—*Apoth. Ztg.*,

NEW DISINFECTANT.—An Australian physician, Dr. Day, recommends a mixture of 1 part of rectified oil turpentine, 7 parts of benzoin, and, to every ounce of the mixture, 3 drops of oil verbena for disinfecting clothes, furniture, carpets, wall paper, books, papers, etc., claiming that it does not injure the latter, while the oxidizing power is sufficiently great to cause the articles to retain the disinfecting properties for some time.—*Ap. Ztg., Am. Jour. of Phar.*

THE INCOMPATIBILITY OF BISMUTH SUBNITRATES WITH THE ALKALINE BICARBONATES.—Although this subject has, both recently and on a former occasion, attracted much attention and comment, it can scarcely be said that it has been satisfactorily settled inasmuch as opinion seems divided as to whether the evolution of CO_2 from the alkaline bicarbonates is due to free acid in the bismuth subnitrate, or to the chemical action which the latter has on the former; the preponderance of opinion inclining to the former theory. Mr. Yeats, who, I believe, first drew attention to the subject, tested the bismuth he had used and finding it to be slightly acid, thought that might account for the explosion, but, however, added that the real cause was probably a decomposition between the two salts, and formed an equation representing such decomposition. It would appear that, independently of any free acid that may be present in subnitrate of bismuth, owing to insufficient washing (1) that an admixture of this bismuth salt with the alkaline carbonates or bicarbonates results in mutual decomposition; (2) that when the carbonates are used, decomposi-

tion without effervescence ensues; and (3) that when the bicarbonates are used, decomposition with liberation of CO_2 takes place.

The following equations will render these propositions intelligible:



In dispensing such mixtures it is clearly the duty of the compounder to complete as far as possible the decomposition before sending out the mixture. This may be partially effected by rubbing the two salts in a mortar with a little hot distilled water until the liquid is cold. But, whenever practicable, the attention of the prescriber should be drawn to the incompatibility and the substitution of the carbonate suggested.—*Phar. Jour. and Trans.*,

PURE SALICYLIC ACID AS A PRESERVATIVE OF DRINKING WATER.—Hugo Schiff states that 0.3 parts salicylic acid, added to 1,000 parts of drinking water containing much organic matter and kept in a stoppered bottle, which was opened from time to time, entirely prevented its decomposition, it tasting perfectly fresh at the expiration of three years. Water can also be prevented from decomposing by adding a minute quantity of bisulphide of carbon to it, or of phenol in salt water, but will then not be fit for drinking.—*Ber. d. deutsch. Chem. Ges.*

PRESERVATION OF SOLUTION OF GUM AND GELATIN.—M. Regensburg recommends adding 1 liter of the solution, in hot rain or distilled water, from 60 to 80 drops of silicate of soda, and stirring the mixture well for five minutes. If the solution has already commenced to decompose, it is heated, and to every 1-10 liter 14 drops of soluble glass are added.—*Pharm. Ztg, Oct. 23, 1878, p. 735, fr. Polyt. Notizbl.*

EASY METHOD FOR PREPARING LIQUOR FERRI DIALYSATI.—F. Schneider dissolves 300 grams of commercial crystallized ferric chloride 100.0 distilled water, and gradually adds 350.0 of caustic potassa (offic. Pharm. Germ.), in small quantities, waiting after each addition until the oxide of iron, which separates, redissolves, and adding a few drops of liquor ferri sesquichlorati, if necessary. He then dialyses the clear liquid, changing the water until silver solution no longer produces a reaction in the diluted iron liquid and scarcely any cloudiness in the water, determines the specific gravity of the liquid and reduces it with water to the required strength (5 per cent., 1.046 spec. grav.). The yield is about 1,900 grams, and from 12 to 14 days are required for the completion of the preparation.—*Schw. Wochenschr., Am. Jour. Phar.*

J. S. B. A.

Editorial.

THE MISSOURI STATE MEDICAL ASSOCIATION.

The eighteenth annual meeting at Columbia, was in some respects a success, in others a failure. It was well attended, as full delegations from different sections were present, that from St. Louis being the largest ever sent from that city to a medical convention. Societies never before represented sent those who did honor to the trust; notably the society of the Southeast, that for the first time sent a delegate, Dr. Henderson. New faces were seen from Macon City, Carthage and Cape Girardeau, as well as from less remote regions.

On the other hand, many were missed for whom there can be no substitute; Torry, Tefft, Trader, King, Catlett, Hodgen, Lester, Gregory, Johnston and many others who are always asked for, were absent. That the members were most hospitably entertained by the worthy citizens, is a matter of record. May our kind hosts always have the best physicians within call, but never need to call them.

A good deal of eagerness and "manipulation" were manifested in the matter of election. There was the "right" in favor of continuing in office those whose efforts had been felt in the Association for years; they were met by the members of the "left," who in friendly spirit, let us hope, determined a change. We are glad such a change was in part made; not that there was fault to find with any one—rather the thanks of the profession are due to the officers of the last few years for many things—but the election of the present President, removes all suspicion of a perpetuity of place and centralization of power. The Association is better off now, that that very transparent scheme, known as "the Committee on Nominations," has lost its prestige.

Another feature deserves comment. Except those from St. Louis, but three members offered papers or reports to the Association. The excuse from some, is that the St. Louis delegates claimed (or kept) the floor until they they were through, and then went home, having adjourned the society, and thus some half dozen papers were not presented for want of time. This is

in part valid. Our city members should see to it that they leave room for what many are so anxious about—the encouragement of the profession in the rural districts. We do not think, however, that there should be, or is, any sort of rivalry between city and country in our Association. All should work, and we suggest that during the next year, our members prepare papers early, the more the better, especially from the country; and let each send the title of his paper to the Chairman of the Committee on Scientific Communications, at least a fortnight before the time of meeting. We say, let the country doctors write; they comprise at least two-thirds of the membership, and all desire the greatest good to the greatest number; therefore let us have what pertains to general practice, rather than an array of “special,” even though well displayed “notes” and “cases.” The Association, like the JOURNAL, belongs to the whole profession, and not to any portion of it.

Again as to the place of meeting. This year at Columbia all was done, and next year at Carthage all will be done that is possible by the citizens and local profession, to give comfort and pleasure to the visiting members. It has been urged, however, that the Association should have a new place of meeting each year, in order to stimulate and organize the local societies, and such organizations will in turn benefit the State Association. Let us see. In '74 the Association met in Sedalia, and there was as far as we know, one delegate present this year; in '75 Jefferson City was “stimulated,” and sent two delegates this year. In '77 Kansas City was “toned up,” and sent two delegates this year. This is organization with a vengeance. If the Association depended upon circumgyration for success, in about twenty years the State would be so thoroughly “organized,” that the Association would consist of a President and Secretary, who would continue in office for lack of anybody to put them out.

If the Association will select a suitable place as a permanency, and get up enough of interest to *draw*, there will be no need to go on a circuit to hunt up sinners and sleepers.

There are many reasons why the meetings should not be held in a large city; there are too many outside attractions; country members expect the city doctors to fill in the time with clinical cases, lectures, etc., while the city doctor will not give up his office hours. Thus our poorest meetings have been in St. Louis, while our best one was at Sweet Springs, where the members

had nothing else to do but to work, and found the advantage of all being under one roof. If the members are foolishly afraid of advertising (?) Sweet Springs, let us choose some other central accessible place for headquarters, and trust to the loyalty of local garrisons for recruits.

Finally as to the time of meeting. This is fixed by the by-laws, but can at any meeting be changed by a two-thirds vote. Why meet in the Spring? During the months of May and June, we have the meetings of the American Medical Association, of several special societies, and besides these, many of our number wish to attend the medical conventions in adjoining States. Most of these are held in the months mentioned. Shall we not after the next convention, change the time of meeting? If any of our readers will give us the benefit of his opinion in this matter or any other concerning the State Association, we will gladly make mention of it. Let each one who can get ready for Carthage, by preparing a short, systematic paper, thoroughly digested, and to be sure of it, begin now.

In conclusion, we wish to return our thanks to the friends of the JOURNAL for their hearty support and many expressions of their appreciation.

CHARCOT'S EXPERIMENTS.

The series of remarkable experiments which Prof. Charcot, the famous French neurologist, has been recently conducting in Paris, are exciting a widespread interest throughout the medical world, and are destined doubtless to create much further discussion and speculation. For although certain phases of the phenomena thus prominently developed in specially selected female "subjects" have long been known among lower animals, they have never challenged the attention or excited the interest with which Charcot has invested them. The fact that serpents have been able to "*charm*" birds; that by means of a *bull's-eye* lantern woodcocks and other varieties of game are *transfixed*, as it were, and thus easily captured, has hitherto been explained in a much more superficial manner than the experiments recently conducted at Salpêtrière would seem to warrant. For the learned Professor seems to have demonstrated to the satisfaction of many whose testimony is entitled to the highest respect, that not only is a fixed gaze, or a strong light falling upon the retina, capable of

throwing certain hysterical patients into a cataleptic, or a somnambulistic state, but that the same conditions may be produced by certain vibrations upon the auditory centers,—thus demonstrating the old adage that “music hath charms” as well as light.

It is as yet premature to undertake to go fully into the physiological and pathological points necessarily involved in these experiments. At a future time we will attempt a more complete elaboration. Suffice it to say that Charcot himself does not as yet undertake to fully explain them. Although, as before remarked, he has succeeded in convincing many leading scientists and physicians, among others, it is said, the late Claude Bernard, of the genuineness of the observed phenomena, and of the entire good faith of the experimenter, still there are those who *doubt*. There are those who declare, in reference to Charcot and his followers, in the language of Bacon, that they “always observe where the event answers, but slight and pass by the instances where it fails, which are *much the more numerous*.” Such seem to be the views of Schræder, Westphal, Bennett and others of like prominence and authority, who have tried the same experiments upon similar subjects, and have utterly failed in the results obtained by Charcot.

There are certain considerations connected with these experiments as conducted by Dr. Charcot, which are not calculated to enhance the credulity or the respect of the skeptical. In the first place, it is unfortunate that he should retain the same subjects for repeated experimentation, which he seems to have done from the beginning; for according to Hughes Bennett the result depends largely upon a knowledge on the part of the patient of *what she is expected to do*. But the most reprehensible feature in the whole business is that he should issue tickets of admission to his performances, literally *to the public*. It is said that the young men in the shops of Paris are frequently heard jesting over the antics cut by these poor young women in their presence at La Salpêtrière, on the previous Sunday.

These remarks are in no way intended to cast discredit upon the integrity of Charcot, a teacher to whom we are so largely indebted for his profound researches in neurology. But that he is not free from a little *hyper-enthusiasm* there is, we think, abundant reason to suspect. We trust, however, that there may be an outcome of practical fruit in all this, for unless these phe-

nomena,—granting that they may be produced by any person at will, on certain subjects,—can be utilized in the field of therapeutics, a knowledge of them will prove chiefly useful to the mountebank and for the designing ends of villainy.

STATE INSANE ASYLUMS—AN EXTRAORDINARY REPORT.

From the Albany, N. Y., *Argus* of the 26th ult. we learn that the Committee on Public Health, of the General Assembly of the State of New York, have made what might justly be termed a very extraordinary report on the petition of Dr. Wm. A. Hammond and others, alleging abuses in the State asylums.

The committee, in order to ascertain what grounds there were for justifying a detailed investigation of these institutions, directly interrogated the signers of the petition as to facts within their knowledge. The Superintendents of the asylums and the Commissioners in Lunacy were also summoned before them.

The result of that effort, says the *Argus*, entitles the report to be regarded as of an *extraordinary* character.

More than half the petitioners repudiate their signatures. Not a baker's dozen appeared, and of those who did, not one knew, or pretended to know, anything of his personal knowledge. None of the complainants have ever been in all of the State Asylums under the present management. Most of them had never been in any. Dr. W. A. Hammond had been in two, at intervals of eight and thirteen years; in the others, never. President Barnard and Prof. Draper, of New York, declare that they never signed their names. Many physicians and clergymen say they were induced to sign some other petition, and that the paper on which they signed has been piratically pasted to the petition under consideration, a petition which they never saw.

A large mercantile firm state that they recognize their signatures and those of twenty-one of their employes on a paper pasted on to the petition; but that that paper, containing those signatures, was a part of a testimonial of good character, which the firm had given to a departing associate (!) It had been cut off from that testimonial and tacked on to the asylum petition (!!) There were other piracies quite as flagrant. Several clergymen pitifully declare that they signed the petition on the representation of others. Other signers declare their signatures were asked for

local improvements, and carried without their knowledge to the pending petition.

In every case those signers know nothing of the matters they have apparently fathered. In every case they know of nobody who does know anything. We have no hesitation in saying that it is the most peculiar evidence ever taken by a Senate committee. Every one of the complaining witnesses is a self-proclaimed know-nothing on the facts of the State Asylums. They swear, however, at great length to theories of treatment, and with great personal antipathy to certain Superintendents of asylums. In support of their charges they bring nothing. They name no witnesses. They make no allusions to where evidence can be had. They merely antagonize one mode of treatment against another, and declare that the men who are Superintendents are not entitled to the reputation which they enjoy.

The report, after exhibiting facts like these, sums up the conclusion of the whole movement in very strong words, declaring the petition to be unsupported by a scintilla of evidence; the action and evidence of the few who come to the front to be an outrage on the honor of a decent and respected profession; the charges, so far as they can be made stand up in sight, to be not only unproved, but disproved; and the process of getting signatures to be an abuse of the right of petition which is beyond characterization. Malice, misrepresentation, ignorance and falsehood are made the bottom motives of the whole movement by the report. The light in which the report reveals charges-making and petition-getting, in a large sense, concerns public morals. In a particular sense, it concerns the medical profession's power to disavow and discipline those who are named and characterized in this most effective report.

DR. CHAS. S. TURNBULL, the translator of Prof. Arlt's recent work, of which a notice by Dr. John Green appeared in the May number of this journal, writes to the Doctor that the "inaccurate and misleading title" on the back of the volume appeared without his knowledge and only on a very small number of copies which were first sent out by the publishers for review. Dr. Turnbull writes further that the error was corrected by him immediately upon his discovery, and prior to our notice of it. The volume, as put on sale, is properly backed, "Arlt—Injuries of the Eye—Turnbull."

OWING to an oversight of the writer, the Publication Committee, the editor and the proof reader, Dr. Maughs' name was omitted from his case of "Enterocoele Vaginalis Anterior," in our last issue. We republish it this month properly pagged.

Book Notices and Reviews.

PARESIS OF THE SYMPATHETIC CENTERS, from Over-excitation of High Solar Heat, Long Continued and Suddenly Withdrawn, etc. So-called Malaria; Its Etiology, Pathogenesis, Pathology and Treatment. By CHARLES T. REBER, M. D. [St. Louis: Geo. O. Rumbold & Co., 1879, pp. 122; 12 mo.]

The writer of this work on *Thermal Paresis* assumes to deal with some very abstruse subjects, such as the maintenance of the body temperature, when the person is exposed to degrees far above and below the normal temperature of the body, 98° F. The protection of the body from deficient or excessive outside temperature is ascribed to a nerve center which presides over certain "activities," namely, respiration, circulation, and heat production. The author quotes approvingly from H. C. Wood, Jr., that this nerve center is located higher than the pons varoli. The following quotation will give the author's views in his own language: "That it resides somewhere in the centers of the sympathetic system, there should no longer be any doubt. They (the temperature centers) are intimately associated with the vaso-motor centers, unduly stimulated by the frequent calls upon them through the different nerves to maintain the normal temperature; the frequency and urgency of these calls suddenly changing from one to another condition, from hot to cold, and especially in the over-excitation by a high outside temperature, loaded with moisture, (thereby preventing free surface vaporization) their tone, potentiality, health, normal condition is altered, lowered; they become unduly irritable, and therein lies the fundamental cause of all diseases now known by the term malarial as well as the fundamental cause of many other diseases not so well marked by a distinct rigor, etc." (Page 30.) We apprehend the above is theory; and that an irritable condition of all diseases at present attributed to malaria is of course a bold position, but remains without sufficient proof. It is an interesting subject, and prolific of speculation.

The old term malaria answers as well perhaps as any other so long as it does not pretend to an explanation of the precise course of the so-called malarial fevers; and before adopting the new term *hyper therma* (page 35), as suggested by the author, more evidence must be supplied of *excessive heat* being the peculiar cause of these diseases. For while it may be "quite evident that the air, *per se*, has nothing to do with the production of the

diseases now known as the malarial diseases, it does appear to us that heat *per se* is equally insufficient to produce these peculiar and typical fevers.

Under pathology and symptoms we find an array of disturbances almost equal to Hahnemann's list following some infinitesimal doses. In giving, "type, rhythm, mode, form," there would scarcely seem to be a necessity for such lengthy quotations, for a practitioner of a quarter of a century's observation in a region of these peculiar affections should have ample observation himself.

The treatment is generally well chosen; the alkaloids, quinia, quiniidia and chinonidia stand at the head, and are about equally effective. The subject is of great interest, and we welcome light from every source. The mechanical part of the book is decidedly well done, and would reflect credit on any publishing house.

H. Z. GILL.

INSANITY IN ANCIENT AND MODERN LIFE, WITH CHAPTERS ON ITS PREVENTION. By DANIEL HACK LUKE, M. D. [London:—Macmillan & Co., 1878.]

This interesting work was written with a view of calling attention to the great importance of warding off attacks of threatened insanity, and of pursuing such a rational course through life, as will tend greatly to diminish its prevalence. The author first gives us several very instructive chapters upon insanity among the ancients; the prehistoric nations; and then the Egyptians, the Jews, the Greeks and the Romans, and next of mental disease in modern life, among all classes, and states the reasons why insanity is much more common among the highly civilized nations, than among the semi-civilized, the savage and barbarous. He says that he will not enter into any lengthy argument as to whether insanity be on the increase in England or not, for no one can contradict the statement that the number of cases reported, holds a much higher ratio than formerly. Twenty years ago, there was one person reputed as insane for every 530 inhabitants, whilst the latest returns give one in every 370, but he attributes this great apparent increase, to the fact that much better provision is now made for the insane, and that cases accumulate in our asylums, because their lives are greatly prolonged by kind and judicious treatment. Still, apart from this, there evidently has been a great actual increase in the number of insane people, and the relative increase has very naturally been greater among the paupers and poorer classes, than among the well-to-do and the rich, because they have many more causes to drive them crazy. This fact proves that ignorance and want of mental exertion, is no protection against insanity, as many intelligent persons believe. The ignorant and debased are more likely to ac-

quire depraved habits that induce madness, (intemperance and debauchery of every kind,) than are the educated and refined, whose surroundings compel them to lead much more regular lives. Recklessness, drunkenness, poverty, misery and consequent bestiality, all conduce very greatly to mental derangement, whilst education, refinement and pleasant surroundings attend to physical and mental health and enjoyment, and ward off attacks of insanity. Intemperance is the most frequent of all the exciting causes of insanity; next comes domestic trouble and poverty. From twelve to fourteen per cent of all cases of mental derangement, are directly due to intemperance. The relation between crime and lunacy, more especially weak-mindedness, is very striking indeed, both in regard to the criminals themselves, their parents and their children. A very large number of criminals are mentally deficient, as has been amply proven.

Amongst the upper classes, moral and psychical causes, disappointed love, vanity and religious fanaticism among females, and business worry, pecuniary losses, and too close confinement to study, are amongst the most prominent causes among males. Idleness, and want of proper mental and physical exercise also tend to produce derangement of both mind and body. Monotonous study and mental cramming lead to the same unhappy condition. How important is it then, when one person out of *every three hundred of our population goes mad*, that we should pay close attention to general prophylaxis and to auto-prophylaxis. *Principiis obsta*, resist or stop the beginnings, is the grand remedy in the treatment of mental aberration. Let every intelligent man become aware of his own personal danger, or that of his friends or relatives, and let him take prompt measures to remove it. The Latin proverb is as true to day, as when first copied from the Greek of Euripides—*Quem Jupiter vult perdere dementat prius*. Sometimes the dire affliction gives no warning of impending danger, but in a flash blurs the mental vision, or what is far worse, blots it out forever. In a moment, a devoted wife or loving mother, or an affectionate child is changed to a raving maniac; to one who hates every person whom she previously loved, whose whole nature is altered, and whose mind is overwhelmed with the mental agony, which only dreaded despair or the terror of overpowering evil can concoct, and who by her affliction is consigned to a living tomb; dead to herself, dead to her friends; dead to reason, dead to everything but the horrid imaginations of a diseased brain. How incumbent then, it is for us to hear the first mutterings of the coming storm, and to arm ourselves against its terrible consequences.

The most harrowing descriptions of madness can never impress the uninitiated with sufficient vividness of the danger, which, like the sword of Damocles, hangs over us all. Personal experience, sad reality, blighted happiness and a blasted future with the almost universal futility of medical or moral treatment, can alone

convince us of what a hell insanity can make for us, and consign us to. Religion offers us no consolation. Its expounders never professed to understand the delicate mechanism of the brain, nor the laws which govern its healthy action, and hence as religion depends in most cases, upon blind faith, or the fertility of the imagination as the mind vainly gropes after truth, it causes far more insanity than it cures. The most intelligent men and the loveliest of women become a prey to this disease, whilst the most damnable devils escape. The infirmities of the father are visited upon the children to the third and fourth generation, and many of the strongest and best minds succumb to religious melancholy in the vain search for everlasting happiness and eternal rest, which is fraudulently alluring them to espouse the cause of Christ, but which only leaves them to bemoan their unhappy condition. No one but a knave or a fool will deny that the brain is the organ of the mind, and that it is affected by the condition of the whole organism. *Mens sana in corpore sano*, covers the whole case, but the truth is not fully appreciated by the profession or the public, and in the words of our author we repeat. Therefore must it again and again be dinned into their ears, that their thoughts, their perceptions, their reasonings, their feelings, their way of judging of truth itself, cannot be properly conducted unless this organ is supplied with healthy blood; unless it has a sufficient amount allowed to supply it with nutritive material, and replace those which it has consumed in its operations. * * * Nourishment, assimilation, discharge of effete matter; these are as necessary for the mind organ as for any other viscera of the human body. This marvellously constituted brain; they may ignore it, despise it, defile it, but they do it at their peril—and let them remember that whether the result is or is not actual madness, they will pay the penalty sooner or later in some form or other; they will not be permitted to escape the consequences of the infraction of the laws upon which its integrity hangs. Mental rest, cheerfulness, avoidance of religious fanaticism, and all the other issues of the day; avoidance of too great haste; haste to travel, haste to grow rich, hurrying through life as though we lived only for the present; keeping up such a high degree of mental pressure, that even the successful man who has gained *much to retire upon, has nothing to retire to*. So also poverty, want of proper, nourishing food, want of cleanliness, abstention from the use of intoxicating liquors, marriage between near relations, all claim the attention of the learned author. The work is instructive, free from all the nonsensical speculation of *insane doctors*, and written in a pleasing style, and although it contains nothing about the varied vagaries which so much delight the *so-called specialists* upon mental diseases, it will repay every intelligent physician and layman who may read it.

THOS. KENNARD.

A CLINICAL TREATISE ON DISEASES OF THE LIVER. By FRIED. THEOD. FRERICHS, M. D., Professor of Clinical Medicine in the University of Berlin. Translated by CHARLES MURCHISON, M. D., F. R. C. P., Physician to the London Fever Hospital, Etc. In three volumes. [New York: Wm. Wood & Co., 27 Great Jones street. 1879.]

Although this is decidedly the most instructive, thorough and readable work that has ever been written upon diseases of the liver, and although it was translated for the New Sydenham Society, twenty-one years ago, by Charles Murchison, M. D., of London, and has long since taken rank as a classical work, still it is not so well-known to the mass of the profession as it should be. A generation of physicians have grown up since its first appearance, and Wm. Wood & Co., of New York, have shown good judgment in issuing an edition as one of the number of valuable works which they are furnishing the profession at a very trifling cost. It furnishes the student and general practitioner with all the really useful knowledge that we have upon the subject of which it treats, and the author differing from most German writers, does not discard therapeutics, but points out the most approved methods of treating every disease of the liver. It is a cyclopædia filled with valuable information, and as it has not been superceded in twenty-one years, it is not likely to be surpassed very soon by anything that may appear on the subject. Having been familiar with the work since the first English edition appeared, I can most cordially recommend it as the very best work accessible to us upon the subject. THOS. KENNARD.

THE VALUE OF ABSENT TENDON REFLEX AS A DIAGNOSTIC SIGN IN LOCOMOTOR ATAXIA, WITH AN ANALYSIS OF EIGHT CASES. By ALLAN McLANE HAMILTON, New York. [Reprint from the *Boston Medical and Surgical Journal* for Dec. 19th, 1878.]

The Doctor's analysis of eight cases coming under his observation in the New York Hospital for Epileptics and Paralytics shows Westphal's diagnostic sign to have been *absent* from and *present* in four cases. In one, the tendinous reflexion was "increased in marked degree." Dr. H. also refers to two cases reported by Dr. H. M. Bannister, in the *Journal of Mental and Nervous Diseases* for October, and to cases reported by Gowers and Sawyer, at the meeting of the British Medical Association at Bath, last year.

He concludes that "it would seem, therefore, as if the absence of the particular tendon reflex is not so valuable a diagnostic as it has been said to be in the disease under consideration, but there can be no doubt of the fact that when its absence is coupled

with the so-called lightning pains, plantar anæsthesia and dimness of vision, there is reason for apprehension."

He thinks the occurrence of tendinous reflexion in some cases and its absence in others, "must depend, of course, upon the location of the affected regions of the posterior columns." It is quite possible," he says, "that one of the kinds of fibers described by Clarke is affected while the other remains *intact*, and for the fact attested by most observers, that the *funiculi cuneati* are primarily attacked, it seems reasonable to suppose that the horizontal fibers, which probably eventually end in the gray matter of the posterior horns, are those impaired in cases in which the tendon reflex has been extinguished."

This conjecture might be tenable but for the undoubted fact of its occasional absence, at least in healthy persons, as admitted by Dr. Westphal, and observed recently by Bannister, and by myself, and of its undoubted variability in persons without any spinal disease whatever. Bannister found it absent in two out of thirty-six persons examined. [See *Jour. Med. and Nerv. Diseases*, Oct., 1878.] I have failed to elicit it in three healthy men during the year.

C. H. HUGHES.

CHEMISTRY: GENERAL, MEDICAL AND PHARMACEUTICAL, including the Chemistry of the U. S. Pharmacopœia. A Manual on the General Principles of the Science and their Application in Medicine and Pharmacy. By JOHN ATTERFIELD, M. A. and Ph. D. of the University of Zübingen; Member of the Councils of the Institute of Great Britain and Ireland, and (lately) of the Chemical Society of London; Professor of Practical Chemistry to the Pharmaceutical Society of Great Britain, etc., etc. Eighth edition; revised by the author. Pp. 692; heavy 16mo. [Philadelphia: Henry C. Lea, 1879.]

The short title on the back of a book, and even the words on the title page, are generally, and even necessarily, imperfect descriptions of the contents, and hence not unfrequently induce, at the outset, misconceptions in the minds of readers. The author of "Chemistry, Medical and Pharmaceutical," would at once state, therefore, that his sole aim is to teach the general truths of chemistry to medical and pharmaceutical pupils.

According to the author's opinion, he has treated the subjects in that way in which he thinks will best meet the requirements of medical and pharmaceutical students in Great Britain, Ireland, America and English Colombia.

He has devoted his introductory pages to a few leading properties of the elements. An opportunity is in this way afforded for stating the views of philosophers respecting the manner in which the elements influence each other as components of ter-

restrial matter. Then follows the consideration of the relations of the elementary and compound radicals in detail ; their synthetical and analytical bearings are pointed out. He next considers the chemistry of substances naturally associated in vegetables and animals ; then he gives practical toxicology and the chemical as well as the microscopical character of morbid urine, urinary sediments and calculi.

On Spasmodic Stricture of the Urethra. A Reply to Dr. F. N. Otis. By HENRY B. SANDS, M. D.

Inhalations in the Treatment of Pulmonary Diseases. By F. H. DAVIS, M. D., Chicago, Ill. [Reprint from *Detroit Lancet*, May, 1879.]

Diphthonia Paralytica. By ETHELBERT C. MORGAN, A. B., M. D. [Reprint from the *National Medical Review*, April, 1879.]

Urethrisms or Chronic Spasmodic Stricture. By F. N. OTIS, M. D. [Reprint from the *Hospital Gazette*, April 19th, 1879.]

Experiments with Living Human Beings. By GEORGE M. BEARD, M. D. [Reprint from the *Popular Science Monthly*, March and April, 1879.]

The Therapeutical Society of New York. [Reprint from the *New York Medical Journal*, April, 1879.]

Thirty Third Annual Announcement of Starling Medical College, together with Catalogue and order of College and Hospital Exercises, for the Session of 1879-80. Columbus, Ohio.

Sixty-Seventh Annual Catalogue of the Officers and Students of Hamilton College, for the Academic Year. 1878-79.

The Difficulties and Dangers of Battey's Operation. By GEORGE J. ENGELMANN, M. D. [Extracted from the *Transactions of the American Medical Association*.]

Memorial Address on the Life, Character and Death of Dr. John Lay Cook, of Henderson, Ky., who died at Hickman, Ky., of Yellow Fever, October 1, 1878. By J. W. SINGLETON, M. D., Paducah, Ky. [Reprinted from the *American Practitioner*, Mar., 1879.]

Minutes of the Meeting of Organization and Proceedings of the Sanitary Council of the Mississippi Valley. Memphis, April, 30, May 1 ; Atlanta, May 5-9.

On the Permanent Removal of Hair by Electrolysis. By GEORGE HENRY FOX, A. M., M. D. [Reprint from the *Medical Record*, March 22, 1879.]

METEOROLOGICAL OBSERVATIONS.

By A. WISLIZENUS, M. D.

The following observations of daily temperature in St. Louis are made with a MAXIMUM and MINIMUM thermometer (of Green, N. Y.). The daily minimum occurs generally in night, the maximum at p. m. The monthly mean of the daily minima and maxima added and divided by two, gives quite a reliable mean of the monthly temperature

THERMOMETER, FAHRENHEIT—MAY, 1879.

Day of Month	Minimum.	Maximum.	Day of Month	Minimum.	Maximum.
1	48.0	70.0	18	58.0	83.0
2	50.5	76.0	19	62.5	89.0
3	56.5	79.5	20	69.0	89.0
4	61.0	76.0	21	63.0	82.0
5	55.0	70.0	22	55.0	78.0
6	47.0	66.0	23	60.0	84.0
7	47.0	68.0	24	6.0	9.0
8	48.5	71.0	25	75.0	95.0
9	54.0	77.5	26	7.0	94.0
10	57.0	9.0	27	6.0	80.0
11	67.5	9.5	28	66.5	94.0
12	71.0	92.0	29	71.0	93.0
13	68.0	85.0	30	71.0	81.0
14	62.0	73.0	31	71.5	85.0
15	54.0	62.0			
16	52.0	64.5	Means.	60.7	80.9
17	55.0	76.5	Monthly Mean.	70.8	

Quantity of rainfall, 0.89 inches.

MORTALITY REPORT.—CITY OF ST. LOUIS.

FROM APRIL 20, 1879, TO MAY 17, 1879, INCLUSIVE.

Septicemia.....2	Cholera Infantum 0	Hydrocephalus & Tubercular Meningitis.....2	Apoplexy.....6
Measles.....3	Inanition, Want of Breast Milk, etc. 8	Encephalitis and Meningitis.....12	Canysis and At-electasis.....2
Syphilis Cong'al...1	Alcoholism.....4	All Diseases of the Brain and Nervous System.....2	Premature & Pre-ternatural Birth. 10
Scarlatina.....2	Rheumatism and Gout.....3	Cirrhosis of Liver and Hepatitis.....12	Surgical Operat'ns
Pyemia.....3	Enteritis, Gastro-enteritis, Peritonitis, and Gastritis.....12	Bright's Disease and Nephritis.....3	Deaths by Suicide 6
Erysipelas.....3	Other Diseases of Respir'y Organs 1	Other Diseases of Urinary Organs. 5	Deaths by Accid't 13
Diphtheria.....8	Entero-Colitis...6	Recto-Pharyngeal Abscess.....	
Membranous Croup 2	Marasmus—Fabies Mesenterica and Scrofula.....10		
Whooping Cough. 1	Convulsions.....14		
Gangrene.....9	Aneurism.....1		
Typhoid Fever....6			
Cerebro Spinal Fe. 1			
Remittent, Inter-mittent, Typho-malarial, Congestive and Simple Continued Fevers.....14			
Puerperal Disea's. 8			
Diarrhoeal.....4			

CHAS. W. FRANCIS, Health Commissioner.

Trommer's Extract of Malt.

The rapidly increasing demand for our IMPROVED EXTRACT OF MALT, during the four years that it has been manufactured and offered to the medical profession in America, justifies the belief that in its production here we are meeting a generally felt want.

Long experience in manufacturing Malt Extract has enabled us to completely overcome the many difficulties attending its manufacture in large quantity; and we positively assure the profession that our Extract of Malt is not only perfectly pure and reliable, but that it will keep for years, in any climate, without fermenting or molding, and that its flavor actually improves by age. Our Extract is guaranteed to equal, in every respect, the best German make, while, by avoiding the expenses of importation, it is afforded at less than half the price of the foreign article.

The Malt from which it is made, is obtained by carefully malting the very best quality of selected Toronto Canada Barley. The Extract is prepared by an improved process, which prevents injury to its properties or flavor by excess of heat. **It represents the soluble constituents of Malt and Hops**, viz: Malt Sugar, Dextrine, Diastase, Resin and Bitter of Hops, Phosphates of Lime and Magnesia, and Alkaline Salts.

Attention is invited to the following analysis of this Extract, as given by S. H. Douglas, Professor of Chemistry, University of Michigan, Ann Arbor.

TROMMER EXTRACT OF MALT CO:—I enclose herewith my analysis of your Extract of Malt:

Malt Sugar, 46.1; Dextrine, Hop-bitter, Extractive Matter, 23.6; Albuminous Matter (Diastase), 2.469; Ash—Phosphates, 1.712; Alkalies, .377; Water, 25.7 Total, 99.958.

In comparing the above analysis with that of the Extract of Malt of the German Pharmacopœia, as given by Hager, that has been so generally received by the profession, I find it to substantially agree with that article.

Yours truly, SILAS H. DOUGLAS,
Prof. of Analytical and Applied Chemistry.

This invaluable preparation is highly recommended by the medical profession, as a most effective therapeutic agent, for the restoration of delicate and exhausted constitutions. It is very nutritious, being rich in both muscle and fat producing materials.

The very large proportion of Diastase renders it most effective in those forms of disease originating in imperfect digestion of the starchy elements of food.

A single dose of the Improved Trommer's Extract of Malt, contains a larger quantity of the active properties of Malt, than a pint of the best ale or porter; and not having undergone fermentation, is absolutely free from alcohol and carbonic acid.

The dose of adults is from a dessert to a tablespoonful three times daily. It is best taken after meals, pure, or mixed with a glass of milk, or in water, wine, or any kind of spirituous liquor. Each bottle contains 1 1-2 lbs of the Extract.

Our preparations of Malt are for sale by druggists generally throughout the United States and Canada, at the following prices:

EXTRACT OF MALT, With Hops (Plain),	\$1.00
“ “ “ “ Pyrophosphate of Iron (Ferrated) ..	1.00
“ “ “ “ Cod Liver Oil ..	1.00
“ “ “ “ Cod Liver Oil and Iodide of Iron ..	1.00
“ “ “ “ Cod Liver Oil and Phosphorus ..	1.00
“ “ “ “ Hypophosphites ..	1.50
“ “ “ “ Iodides ..	1.50
“ “ “ “ Alteratives ..	1.50
“ “ “ “ Citrate of Iron and Quinia ..	1.50
“ “ “ “ Pepsin ..	1.50

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EMPTY CAPSULES.

Our Capsules are manufactured by means of improved apparatus, producing the most accurate and unvarying results. The gelatine employed is of the finest quality, which, in our hands, undergoes a certain process, increasing its transparency and elasticity. Through these improvements in apparatus and material, we are enabled to produce capsules which are uniformly accurate, transparent, elastic and permanent, in which properties they are *excelled by none sold in the United States or Europe.*

These little articles will be found of great value and convenience in the hands of the physician who studies to remove the objectionable properties of the medicines which he deems it necessary to employ.

Many drugs, among which we may note *roots, gums, emetics, capsicum, etc.*, which—either from the more immediate effect to be produced, or from some special action to be desired—the physician proposes to administer in the *crude or powdered* state, in preference to any form of preparation, are practically debarred from use in certain cases on account of their properties (appearance, odor, taste), and the difficulty experienced in swallowing them. It is frequently advisable to conceal from the patient the nature or identity of the drug, because of some idiosyncrasy, or of his imagination with regard to its peculiar effects on his system.

To be able to easily disguise these features of a remedy at the bedside of a patient, at a time and place when he cannot employ the assistance of a pharmacist, is a great desideratum to the practitioner.

Our Capsules will fully supply this want; a few trials will demonstrate all their advantages, among which we may enumerate the following:

Convenience.—A box (100 capsules) can be carried in the pocket without inconvenience, ready for use as desired. They may be filled with the medicine in a moment, thoroughly disguising its appearance, odor and taste, and are easily swallowed, thus gaining, if we may use the phrase, a foothold in the stomach for the drug, which would have been quickly rejected by the patient in its undisguised state.

Solubility.—We have endeavored to so prepare our gelatine that it will quickly dissolve under the combined action of the *warmth and moisture* of the stomach, requiring but little digestive action, and as a result, our capsules can be employed in *dyspepsia and other forms of irritable or torpid stomach*, when this property is essential.

Therapeutical Effect.—The gelatine having become dissolved, the remedy is brought into contact with the surface of the stomach under the most favorable circumstances, and, if the case will permit, will soon be assimilated, and the desired results achieved.

Emetics are exhibited in capsules to great advantage, and quick returns may be confidently expected. In this respect capsules are in contrast to pills, which, from their form and constituents, gradually dissolve in the stomach, producing the effects desired from narcotics, tonics, etc., while they are not dissolved rapidly enough for the use to which powerful emetics are devoted.

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Our Capsules are put up in neat sliding paper boxes, containing 100 each, for which we charge fifty cents each. We will mail a box to any address on receipt of the price and three cents postage.

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If you desire to procure any of our New Remedies, send for same to **Arthur Reier & Co., R. A. Robinson & Co., Louisville; Wm. Litterer & Co., Nashville; R. Macready & Co., Reakirt Hale & Co., Rauchfuss, Egner, & Co., C. A. Nulsen & Co., and C. E. Potts & Co., Cincinnati; Richardson & Co., Meyer Bros. & Co., A. A. Mellier, Jacob S. Merrill, and G. R. Hopkins & Co., St. Louis, specifying "P. D. & Co's"** in all cases, by so doing you will ensure reliable preparations of the **true drugs.**

MARCH 15TH, 1879.

A Case of Enterocele Vaginalis Anterior. By G. M. B. Maughs, M. D.

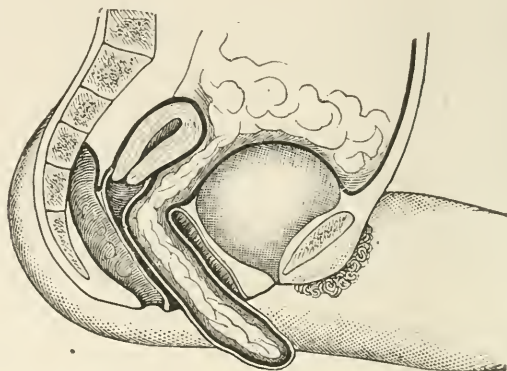
Possible hernias of the vagina are four. 1st. Prolapse of the anterior wall backwards containing the bladder, cystocele vaginalis. 2d. Prolapse of the posterior wall forwards, including the lower portion of the rectum, rectocele vaginalis. 3d. Descent of the posterior roof of the vagina containing a loop of intestines from Douglas' *cul-de-sac*, enterocele vaginalis posterior. A case of this form of hernia vaginalis was met with by Dr. Meigs during parturition, which so obstructed the labor, that this could only be completed after pushing up the tumor, reducing the hernia. 4th. The descent of a loop of the small intestine from the anterior or vesico-uterine *cul-de-sac*, pushing down the anterior roof of the vagina, protruding between the uterus and the bladder—*enterocele vaginalis anterior*. For the third form, only temporary expedients are suggested, such as Gariel's air pessary, while the fourth form, *enterocele vaginalis anterior*, occurs so seldom, that no well authenticated case has heretofore been met with, and Dr. Emmet, in his great work on "Principles and Practice of Gynæcology," just published, does not even mention it, doubtless never having met with a case. Dr. Sims, also, on his visit to St. Louis, had never met with it, and yet, nine years ago, we saw, operated upon and cured, a type case of this accident. At the time it was without a literature; and now, nine years afterwards, the records of gynæcology give nothing analogous. To one who saw this case, and noted how readily it might happen, nothing appears stranger than this void.

In this case a loop of intestine, the ilium being in the anterior or vesico-uterine *cul-de-sac*, either from congenital malformation or rupture of the connective tissue between the uterus and bladder, had descended in a sausage-shaped body, until it protruded two or three inches through the vulva, covered only by the mucous membrane of the vagina, and the peritoneal lining membrane of the abdominal cavity presenting the appearance as seen in Fig. 1.

In June, 1870, I was consulted by the late Dr. Paul F. Eve, of Nashville, at that time Professor of Surgery in the Mo. Med. College, and a resident of St. Louis, concerning a case he had examined the day previous. It was of several years' duration, and had been pronounced a cystocele, but he thought it was an enterocele, that is, he thought the intestine was involved in the tumor.

The doctor had never met with a like condition, and supposed it not possible to cure it by an operation; had indeed so informed the parties, but hoping that something might be done to alleviate the distressing condition of the patient, and ward off the immediate danger from rupture of the containing sack, which was indeed

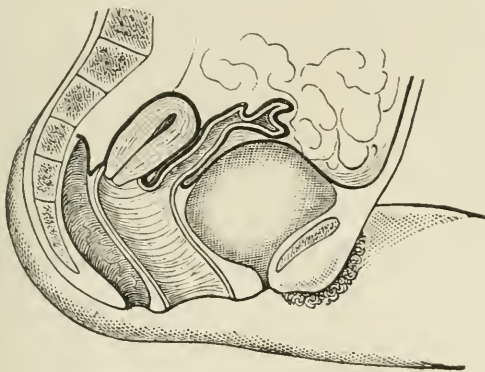
imminent, he called at my office to consult me, thinking I might be able to suggest some kind of a pessary. He asked me if I had any authority that would throw light upon the case. I told him I had none; that it was a *hernia vaginalis anterior*, which was an accident that had never been described, and consequently, no operation for its cure had ever been performed or suggested; that it was indeed without precedent, so far as its relation by anyone who had witnessed it; that Seanzoni states that authors said it sometimes happened, but that he had never seen a case. I suggested that it might possibly be relieved or cured by Sims' operation for procidentia uteri, and turned to the plates pages 287, 312 in Sims' Uterine Surgery.



[Fig. 1.—Appearance before the reduction.]

He was greatly pleased at seeing that if this operation was successful, it would at least prevent the hernia coming down into the vagina, and thereby ward off the immediate danger of rupture of the containing sack, and asked me to visit the patient with him next day, which I did, and upon carefully examining her, found the hernia which was protruding some two inches through the vulva, and covered, as stated, only by the mucous membrane and the peritoneal membrane, the latter, of course, merely a basement membrane, covered by epithelium and these so thinned by absorption, caused by the long-continued pressure, that the two constituted an almost transparent or diaphanous covering, through which the intestine could be readily seen. Upon introducing the finger and pushing up the intestine, we had, instead of a protrusion, an excavation, that is a cavity looking upwards, so that we had between the uterus and bladder, an excavation into which the finger passed readily, (See Fig. 2.) and while thus supported the intestine showed no disposition to prolapse, but upon removal of the finger, and upon the slightest exertion, as coughing, the tumor again descended.

The patient was confined to her bed, and afraid to assume the erect position lest the sack give way and her intestines run out through the opening—a fear not at all ill-founded. Under such circumstances of course she was anxious for any operation that promised relief. I suggested to Dr. Eve a more radical operation than that at first suggested—that we denude the margin of the excavation and bring them together by quilled sutures. He objected, and his distinguished worth as a surgeon made his objection valid, that we did not know how near the intestines would be to the knife or needle, and that we would be almost certain to open the abdominal cavity, but was pleased with Sim's operation for procidentia, which I told him I had performed frequently, and which his experience as a surgeon taught him was safe, and now that his attention was called to it, promised alleviation if not cure. And as the patient was a most intelligent as well as suffering woman, he explained to her the operation, drawing a diagram of the proposed operation. It



[Fig. 2.—Appearance after the reduction.]

was manifest that if this operation could be successfully performed, the tumor would be prevented from coming down. The consent of the patient and her husband was readily obtained and the next day appointed for the operation, when Dr. Eve, the family physician, Dr. Anderson and myself went down, and Dr. Eve, with his usual great skill, performed the operation, making a V-shaped denudation and bringing the denuded surfaces in apposition with eight or ten silver wire sutures. The next day we visited the patient and found her doing well. The operation had entirely hid the tumor, and Dr. Eve was delighted with the hope of curing his patient. He left that night for Nashville, and never again saw the patient, who was left in my care. I visited her daily, most generally with Dr. Anderson, until the ninth or tenth day, when I removed the stitches and was dis-

tressed to find that union had not taken place, a result caused, perhaps, by the percussion caused by coughing. She had, from some cause or other—most probably reflex—a distressing cough. Whatever might have been the cause, upon removing the stitches I found that union had not taken place, and consequently no good had been accomplished by the operation. I wrote to Dr. Eve, chiding myself for, perhaps, removing the wires too soon. I thought, however, that the wires had brought the denuded surfaces of each side together, so that the raw surface of the opposite sides were not in apposition. As I did not know anything better to do, and being afraid to perform the operation suggested, assisted by the family physician and Dr. Anderson, I repeated the operation first performed, and again on removing the stitches, ten or twelve days after, was mortified to find that I had not been any more successful. I candidly told the patient that I was experimenting with her; that I had no light upon her case. I operated again, this time making a trowel shaped denudation, and upon removing the stitches I found I had again failed as far as a permanent cure was concerned, though there was a decided improvement upon former attempts. A few days after the third operation, however, I saw the promised good give way, and the patient in much the same condition as when first seen.

I now told the patient that I was satisfied that this operation was not calculated to relieve her—that something more radical was required—and that it would be necessary to perform an operation which I first suggested to Dr. Eve, but had been rejected by him on account of its danger. She was satisfied that the urgency of her condition justified some risk. Stating to her and the husband, the nature of the proposed operation, with its possible risks, but apprising them that while it might, I thought it would not kill her, I left them to determine whether they would take the risk. On visiting her a few days after she told me that if she had to be killed, she would as soon I would kill her as anybody else. Her bravery and confidence determined me to perform the operation first suggested, assuring the patient that I believed I had exaggerated the risk, and that I was really confident of curing her; that at all events the great probability of cure, and the absolute certainty of things growing from bad to worse without a cure, justified the risk.

A day was fixed for the operation. At the hour appointed I called with Dr. Anderson at the house of their family physician, who was confined to his room with rheumatism, and could not go with us. Being compelled to have another assistant, I drove by the City hospital and took Dr. E. A. Clark, who, with Dr. Anderson, kindly assisted me in this fourth and final operation, by which a permanent cure was effected.

The intestine being pushed up, we had instead of a tumor an excavation. The operation consisted in denuding the margin,

commencing a quarter of an inch from the excavation, denuding the mucous membrane of the vagina, and continuing the denudation nearly as far into the cavity and brought the raw surfaces together with quill sutures. Three deep sutures of silk, and four or five superficial silver wires were used. For the quills, I used pieces of hard rubber knitting-needle, two inches long. One quill was placed just in front of the uterus, and the other in front of the excavation, and when drawn together the parts were brought in perfect apposition, and the bladder and uterus close together.

When making the denudation at the margin of the excavation, I cut through the mucous membrane, which, from long-continued pressure, was thinned by absorption, until it was not thicker than tissue paper. The opening first made was about as large as a pea, and looked very much as though I had stumbled on the very danger feared by Dr. Eve—opened up the abdominal cavity—but as no air passed in or out during respiration, I saw that such was not the case, and with a small uterine sound as a probe I found there was a membrane beyond the basement peritoneal membrane. Fortunately, the two membranes, though long in contact, had not united.

The deep sutures (quill) were removed in forty-four hours after the operation, and I was surprised and somewhat alarmed to find the excessive suppuration that had been produced along their entire tract in so short a time. This was before the days of carbolic acid in surgery, in St. Louis. But without it I have never seen such extensive suppuration in so short a time. Some ten days after the operation the wire sutures were removed and the parts found firmly united, and the patient was soon after dismissed, cured.

I called to see the patient some two months after her cure, and found her engaged in cooking. The cook had left, and she had lifted heavy weights without inconvenience or detriment. She has continued well. She has had two children since the operation. When Dr. Sims visited St. Louis seven years after the operation; he saw and examined the patient.

MARCH 22d, 1879.

Erythema (?)

DR. G. HURT:—I have invited a patient of mine to be present this evening. He presents some symptoms that are a little obscure to me, and it occurred to me that his symptoms would interest the society. At the same time I might profit by suggestions that the members present might make.

[The boy presented himself, and submitted his hands for inspection.]

This young man is 17 years of age, of German descent, and has lived in the country up to about a year ago, when he came to the city and engaged as a clerk in a grocery store, which occupation he has continued to follow since that time; has always enjoyed good health, with the exception of an attack of measles in early life and an attack of chills some three or four years ago. About a month ago he discovered that the skin of his right hand was discolored, or highly colored, rather of a purplish hue; slightly congested, and there was an obscure sense of soreness and stiffness on closing the hand tightly. This was all the trouble he noticed at that time. Three or four days later, he observed that the skin of the left hand presented the same appearance, though in a less degree. He has neglected to procure medical advice until two days since, when he presented himself to me, and I found his hands in the condition in which they now are. There seems to be some obstruction to the capillary circulation. The pulse at the wrist is quite observable on both sides, showing that the blood normally reaches the hand. This discoloration, this venous capillary congestion extends only a short distance above the wrist. I have examined carefully the course of the veins along his arms, with a view of ascertaining if there was venous obstruction, but up to this time I have discovered none. He complains of no pains in his chest, no difficulty of breathing; no trouble about his stomach; his appetite is good, and bowels regular. He discharges his urine normally, and says he is otherwise healthy, except that he experiences some obscure sense of pain or soreness in his head, especially when he pulls his hat down tightly on his head. Whether that soreness is internal or external to the cranium, I am not prepared to say. Upon auscultation I noticed that the heart beats somewhat excitedly, the pulse is more frequent than normal, though I could discover no sound indicating organic disease of the heart. It may simply have been awakened by the fact that there is an obstruction in the course of the circulation of the blood. Whether that obstruction exists in the capillaries of the hand only, or there is a thrombus located somewhere in the venous trunk, or whether the capillary congestion is simply a symptom, not of a mechanical obstruction to the blood, but of a neurosis, are the

DR. KENNARD did not believe that the operation of exsecting a portion of the rib to empty the thoracic cavity, would ever become a very fashionable one, or be generally practiced outside of hospitals—most patients would object to having a window opened in their chests. He thought the treatment unreasonable, unnecessary, unwarranted and barbarous. He then reported the following case:

A son of Dr. Alfred Heacock, the oldest practitioner in St. Louis, moved to California in search of health, and after he had been there a short time was attacked with pleuritis of a severe and obstinate type. He was treated by intelligent physicians, who finally concluded that he could not live long, and advised him to return to St. Louis. He made the trip home by railroad with scarcely any trouble or inconvenience. On his return, his father requested me to call and see the young man. I found the left cavity of the chest completely filled with fluid, presumed from the antecedent history of the case to be pus, and a large part of the right lung completely infiltrated with tubercle. I did not think that he could live more than six or eight days, as there was no respiration whatever in the left lung, and in only a small portion of the right lung. He had comparatively little difficulty whilst he kept a recumbent position with his head elevated, but upon the slightest exertion became exhausted. He died in eight or ten days, and I was invited to assist in the post mortem. As soon as the sternum was removed, some fluid escaped from the left chest which was distended to its utmost capacity, and was much more prominent than the right. The fluid was a yellowish green pus. The right lung was completely infiltrated with hard, gritty tuberculous deposit, and the air cells in at least two-thirds of it were obliterated. Yet in this condition, he had traveled home from California with little inconvenience beyond that arising from great debility. It was a very remarkable case. I never saw such a condition of the cavity of the chest and lung. The left lung was compressed to less than one-eighth of an inch in thickness, and had lost all resemblance to lung tissue. It was firmly adherent to the chest walls, and looked like the green moss lining of an old well bucket. At least four gallons of pus were contained in the thoracic cavity.

DR. HUGHES said that several years ago there occurred in the asylum for lunatics at Fulton, the case of a mulatto girl, both of whose lungs after death, were found to be full of tubercles in the form of chalky concretions and a few cheesy masses. There was scarcely any portion of the lung unoccupied with these deposits. There had been no cough during life, and no abscesses or softening were found in the lung. The lung tissue had been invaded and infiltrated with morbid deposits throughout its whole mass, but had nowhere been destroyed. The air cells were simply gradually filled up; there was little or no apparent dyspnoea; the girl apparently died of inanition.

A Medical Brief on Reserve Force. By C. H. Hughes, M. D.

All animals have a reserve force or fund of nervous energy, evolved, in the laboratory of system, from the food, drink and air they obtain, and stored away in the tissues as latent vital power, upon which, in the emergency of a failure of the customary food supply, they may draw for a time after they cease to eat or drink, for continued sustenance, and upon which, for a very short time even, they may draw after they cease to breathe.

In man, the period for which reserve vital power is ordinarily provided is about nine days, as shown in instances of starvation at sea, etc., etc., and in cases of sickness where both food and drink have been persistently rejected by the stomach or refused by the patient.

When water is taken into the system, even though food is not, man may survive much longer than this, as has probably been demonstrated to the satisfaction of us all by the experience of the sick room, and as is often shown in the persistent refusal of food by the insane, when means are not at hand, as in asylums, for enforcing proper alimentation.

If a human being should live longer than ten days without either food or water it would be rather, but not entirely, exceptional.

The most recent authenticated instance of fasting for a longer period than nine days, in a human subject, that has come to my knowledge, is that of the case related in the *London Lancet* for November, 1878, by Surgeon MacLaughlin, of the Inman line steamer City of Chester, which also re-appears in the *Boston Medical and Surgical Journal* for February 20th, last. Dr. MacLaughlin's case secreted himself in the hold of the vessel at Liverpool, and had nothing to eat or drink during the whole voyage to New York, from September 24th to October 4th, but two handfuls of salt which he found in the hold and his own urine, which he passed in a flask he had with him and drank each time he voided it. When the vessel reached New York he was found greatly emaciated, insensible, cold and nearly pulseless, but rallied and was convalescent after five days.

An instance was last winter related to me, by a gentleman of veracity, of a hog surviving after being three weeks imprisoned under a house by the snow, though, when first taken out, the animal was so weak he could not stand. Such instances of persistent vitality in the hog, under such circumstances, are not rare; but the following instance is much more remarkable—the animal having been without food for forty-nine days, and still lives: “Mr. Charles S. Tarleton, of Lafayette county, while making preparations to kill his hogs on December 11th, the day before the

big snow, let one of them escape. At that time it was thought the hog would weigh about 275 pounds. After the lapse of forty-six days, when getting out straw with which to cover ice, Mr. Tarleton discovered the hog under the stack, and from all appearances it had not moved during the entire time. The snow was undisturbed, as was also the straw about him, and the hog must have remained almost in one position from the time it was snowed under until it was released as above stated. The hog seemed to be in good health, was remarkably strong considering the circumstances, and ate heartily, but was exceedingly thin, not weighing, perhaps, more than 100 pounds."

I wrote to Mr. Tarleton respecting the authenticity of the above, and received from him the appended letter:

LEXINGTON, Mo., March 1, 1879.

DR. C. H. HUGHES:

DEAR SIR:—Your postal is at hand. The hog story is authentic, with the exception that the hog did not eat or drink for three or four days after it was taken out of the straw. That it was under the straw forty-six days, I am prepared to prove by good men. It would have weighed 250 to 275; when taken out, from 100 to 110. The hog is at this time doing well, and bids fair to make a good hog *again*. Yours truly, CHAS. S. TARLETON.

In this connection it is interesting to recall the phenomena of disintegration during the process of starvation. The fat first almost entirely disappears; then the blood glands and viscera waste away, and finally the nervous system succumbs. The formative forces or force forming portions of the body give out first—the *vis a tergo*. The *vis a fronte* fails last,—the energy displaying powers of the organism, whose life is the blood, whose power of manifesting life is in the brain and nerves, being the last to succumb, reserve power ceasing to be created sometime before it ceases to be displayed.

With these and other recorded facts before us it may readily be conceived how, under certain conditions of apparently suspended animation, in consequence of some occult neuropathic condition allied probably to hysteria or catalepsy, where the normal disintegrating processes have not been accelerated by mental anxiety and the consequent disintegration connected with the struggle for existence, in view of conscious impending death, as would take place in a person having a desire for food but involuntarily starved, life might be prolonged to a much greater length than the average possible duration, especially if water were not withheld.

In some of those reported cases of delicate, inactive and hysterical females, where life is said to have been prolonged far beyond the average period without food, if it could be ascertained that no hysterical deception had been practiced, the lowered vitality, existence persisting, is a greater mystery than food deprivation. But since it is the province of medicine to confront

the mysterious with scientific explanation, the probable solution is in the lowered disintegration diminishing the demand for nutrition.

Cases like Miss Faucher may not always be deception, since the utmost possible limit of vital resistance, without a new supply of food in man, has not been discovered with absolute certainty.

Medical men in the country may contribute to the solution of this question by carefully observing instances like the above, since it is hardly probable that the inherent vital power in a perfectly healthy man is not less than that of such inferior animals as the hog.

Since this brief paper was written, Dr. Chas. W. Stevens, of this city, has communicated to me the case of a man who for fifty-three days refused everything but water, under the dominion of a delusion. It is my opinion that the more this subject is looked into the more will be found to sustain the view that, when food-deprivation is entirely self-imposed and voluntary, general disintegration reduced to a very low degree, and no disease existing, save possibly just sufficient in the cerebral cortex to induce the morbid display of volition with reference to alimentation, life may be prolonged, by the necessarily very moderate daily demand on the reserve force of the system, to a much longer period than we have been generally willing to concede possible.

APRIL 26TH, 1879.

Hypodermic Injections of Strychnia.

DR. THOMAS KENNARD:—I will mention a case that may be of interest to younger members of the society. It may be remembered that five or six years ago, I detailed to this society some experiments that I had made with hypodermic injections of strychnia, which had been highly recommended by Chisholm of Baltimore, and others, as an efficient remedy in amaurosis. I commenced hypodermic injections very cautiously, using first only the sixtieth of a grain, and gradually increasing the amount injected to $\frac{1}{50}$, $\frac{1}{40}$, $\frac{1}{30}$, $\frac{1}{20}$, $\frac{1}{15}$, $\frac{1}{12}$, $\frac{1}{10}$, $\frac{1}{8}$, $\frac{1}{6}$, $\frac{1}{4}$, and finally to $\frac{1}{2}$ a grain twice daily, without producing the slightest physiological or toxic effect whatever. By these experiments (for they were simply experiments), I became convinced that strychnia acted very feebly, if at all, by hypodermic injection.

There were two cases that I was operating upon at the same time, and both submitted promptly and willingly to the treatment. As far as I could see, it did not have the slightest effect upon either of them, no more than so much water would have had. I continued the injection for several days after I had reached the maximum dose, which I used twice a day, and gave ample time for the drug to act, for you know that strychnia sometimes acts very slowly, much more so than is generally believed.

On the 25th of January last, an old miner and prospector, who has spent the past twenty-five years or more in California, Nevada and Colorado, and who had been under my care more than a year ago for an exceedingly obstinate case of inflammatory rheumatism, which was not permanently benefitted or cured by medication, but passed off on the Pacific Slope, said that while in California during the previous summer, he had suffered from great pain in his arm; I think it was the right arm, and also had partial paralysis, supposably from the long continuance of this pain. He there met casnally a physician, who told him he could remove the pain promptly and permanently cure the paralysis, if (in his words,) he would let him fill him up with strychnia. After understanding the doctor's meaning and plan, he consented to be treated, and was promptly and permanently cured. He asked me to try the same method on his other arm, as he had very great confidence in it. I told him my experience, and said that it had been a strange and apparently fruitless one, but it had not been extended enough to form an accurate opinion. I began with this patient, Mr. W. H. Linn of Leadville, also very cautiously, beginning with $\frac{1}{16}$ of a grain, and increasing the amount injected each time. He stood it very well, till I got down to half a grain twice daily, and in fact stood this amount for two days without apparent effect. I had him sit down half an hour or more after each operation, watched the effect of the strychnia, and made the interval between the injections from ten to twelve hours. He never complained of any inconvenience whatever. Once or twice he got flushed in the face, but was unaware of it, and walked steadily. Finally I injected half a grain, or probably a little more in the morning, rather late, about eleven o'clock. He came to me at eight the same evening to have a second. I asked him if he felt anything from the first. He said "No, not at all." It had not had any effect on the paralysis or pain, so I injected a half grain more, and requested him to sit quietly for an hour, that I might observe the effect if any was produced. He sat awhile, when his face became considerably flushed, but he said he did not feel badly. After he had waited about three quarters of an hour, I walked with him to my office door. He then fell suddenly as though he had been struck a heavy blow, and commenced jerking and kicking about. I saw at a glance that he had been affected by the strychnia, and pulled him into the room and tried to put him on the sofa. The spasmodic stricture of his chest was so great he could not lie down, and at the least touch he would go into violent tonic muscular spasms, with severe cramps in his extremities and stricture of the throat. I had seen in some medical work that bromide of potash was the best antidote to that poison, and promptly resorted to its use in large and frequently repeated doses. I gave him about a hundred and eighty grains in the course of an hour, repeating the dose every ten minutes, and gave him small injections of morphia.

After about two hours, the recurrence of the violent spasms ceased, and he was able to lay down on the lounge, and I finally got him to remain there all night, for fear the effect of the poison might increase, but it passed off. This shows, that in the first case, the strychnia had no perceptible effect whatever, but it does not prove that it had no effect on others. The latter patient did not feel the half a grain twice a day, but finally suffered very seriously from the poisonous effects of the strychnia, and but for prompt and judicious treatment, might have lost his life by my experiments.

I think the bromide of potash did him a great deal of good, for he had spasms of the throat and chest of a very trying, painful and alarming nature. The moment I touched him, he went into a spasm and lost all control over his muscles, and became much alarmed.

I would like to see strychnia tried carefully and extensively by the hypodermic method, in some of our hospitals, not only to determine its therapeutic value if it has any, but also the tolerance of it by the human organism. My experiment proves the incorrectness of the general opinion, that strychnia always acts promptly, almost instantaneously. Cases of poisoning by this drug show that it takes many hours sometimes to produce its toxic effect. It did not have any effect on this case except the poisonous one, neither relieving the pain nor benefitting the paralysis, though perhaps it exerted a powerful tonic action, as the patient improved in his general health after his trials were over.

DR. LUTZ:—To what was the paralysis due? You would not use that remedy in all cases of paralysis; lead paralysis, for instance.

DR. KENNARD:—I certainly would not use it where the lesions causing the paralysis were incurable, or even where I believed them to be so, for instance, where paralysis was due to cerebral hemorrhage or other serious brain trouble, but I think that it would be the best treatment in lead palsy produced from the absorption of lead in poisonous quantities after proper treatment of an eliminating character had been employed, such as purgatives, sulphurous or sulphuric acid, and iodide of potash. I always use strychnia in such cases and under such circumstances.

DR. LUTZ:—What effect did the last dose have on the paralyzed member?

DR. KENNARD:—None whatever, there was spasms of all the extremities, and it was no more marked in the paralyzed limb than in any other. Persons may make a mistake in administering strychnia, in not allowing it sufficient time to act. It has been known not to show a dangerous effect for eight or ten hours, and then to kill the patient.

Cases are upon record in our works upon poisons, and scattered through our journals, where a considerable time has intervened between the administration of strychnia and the manifestation of its poisonous effects. On an average, the indications of poisoning are noticed in from five to twenty minutes, and death sometimes occurs suddenly. The minimum dose that has caused death, when given by the mouth is $\frac{1}{2}$ grain. In fatal cases death generally takes place within three hours, but it may happen almost instantly, and again, not for four, six or seven hours. Bromide of potassium is now looked upon as the most reliable and efficacious remedy for strychnia poisoning; it is an antidote for the tetanic spasms, and not by converting strychnia into any insoluble salt, as proven in the case just related, where the drug had been administered hypodermically, and consequently could not have been acted upon by any chemical antidote. It should be given in large doses, 40 to 60 grains every fifteen minutes.

A Case of Angiolymphitis. By A. A. Rowland, M. D.

MR. PRESIDENT AND GENTLEMEN:—I have a case to report this evening, in which there may be some points of more than ordinary interest to some members of this society.

On the evening of January 25th, last, at the request of my friend, Dr. R. A. Vaughan, I called with him to see J. H. Elliott, a boy aged 8 years. We found him lying on his mother's lap, feeble and considerably emaciated, his features and manner indicative of the most severe pain. His pulse was 130, and quite feeble; surface hot and dry; tongue covered with a brown and moist coat; complexion pale, and the entire surface presented a puffy appearance. His right arm, from the wrist to the elbow, presented an erysipelatous condition, being red, very much swollen, indurated, and actually painful to the touch. There was also some swelling, with induration in the axillary space of the left side, but no marked swelling elsewhere. He said his right elbow and knee pained him more acutely than any other parts, but on closer examination I found the pain and tenderness to be in the flexures of those joints, and not in the articulation, which led me to suspect that he might be suffering of *angiolymphitis*. The lymphatic glands and vessels were found to be enlarged, indurated and very painful on pressure, the vessels feeling cord-like under the surface. He could not be touched on any part of his body without producing pain more or less severe. His mouth, throat, eyes and ears were all painful and tender.

The following history of the case was then given me by Dr. Vaughan, and the boy's mother (Dr. Vaughan having been in charge of the case only about one week):

Previous to December 10th, 1878, the boy had been quite active, healthy and well-developed for one of his age, on which date he caught a sick rat in the ear stable on Market street, and while amusing himself with the rat, it bit him slightly on the

left hand, which his mother tied up when he went home, and in a few days it healed, without pain or apparent inflammation.

About December 20th, he was seized by a high grade of fever and great stupor, when Dr. — saw and prescribed for him a few times. The fever abated and the doctor discontinued his visits, but the boy still complained of pains in different parts of his system, and continued to have, as his mother believed, a rise of fever each day, with continued loss of strength and flesh.

About January 16th he grew rapidly worse, and Dr. Vaughan was called to see him, and found him with a high fever, coated tongue, and complaining of severe pain in the right elbow, knee and shoulder, with great sensitiveness and pain, more or less acute, in other parts, especially in the left arm, which was, at this time, swollen, red and painful, from the wrist to the elbow. The doctor prescribed a mercurial, with quinine, in antiperiodic doses and opiates, to secure rest. The mercurial acted on the bowels well, and under the influence of the quinine the fever abated somewhat, when the doctor put him on the tincture of the muriate of iron in full doses, with all the nourishment he would take. But his condition grew worse each day, till I saw him with the doctor, on the 25th of January, presenting the symptoms above given.

Now, recognizing the case as one of angiolymphitis, which had probably resulted from the effects of a poison which had entered the system through the bite of the rat, we put him on soda magnesia hyposulphite, 10 grains every three hours, continuing the quinine and essence of beef, with chloral hydrate in 10 gr. doses, *pro re nata*.

He continued to suffer through the night excessively, but at 8:30 next morning, when we again saw him, he was perceptibly more comfortable, pulse 115, temperature about $102\frac{1}{2}^{\circ}$, and he was disposed to sleep. Treatment to be continued. 8 o'clock, P. M., all the symptoms more favorable, rested much better during the day; pulse 105, temperature 101° ; was taking the essence of beef more freely and willingly, and said he felt much better. Treatment to be continued, omitting the chloral.

JANUARY 27TH, 8 P. M.—Has been comfortable since last visit; slept uninterruptedly, and called for something to eat; says he is hungry; pulse and temperature normal; bowels open and no pain anywhere, but some tenderness to the touch in the region of the larger lymphatics, the enlargement and induration having disappeared to a considerable extent. The hypophosphites in 5 gr. doses, ordered to be continued at intervals of four hours, with nourishment, eggs, milk, beef ess., etc.

JAN. 29TH, 8 A. M.—Has had no fever or pain since last visit. The lymphatics somewhat sensitive on pressure; is comfortable, but weak; appetite good; bowels regular; tongue clean. He is now able to walk about the room. Treatment ordered to be kept up, gradually prolonging the interval between doses.

I saw no more of the case until Feb. 6th, when I received a request from Dr. Vaughan to see the case with him again, and found that all the symptoms, except the erysipelatous swelling of the left arm, had recurred, but in a magnified form. This time we determined to risk the case with the hyposulphite alone, which relieved him in 24 hours, most perfectly, so far as pain and fever were concerned. The case again progressed well, he gaining strength and flesh rapidly, until Feb. 16th, when I was again summoned to see him, and found that he had relapsed to some extent, and was informed that they had again discontinued the treatment soon after we ceased to visit the case, thinking him so well that he did not need it. I again ordered the hyposulphite, and ordered that it be kept up for at least three weeks after the pain and fever should subside; ordered also syrup ferri iodidi, in 15 drop doses, before each regular meal. The boy again rapidly improved, gaining flesh and strength, till now he is quite stout and comfortable.

There still remains perceptible enlargement of the cervical and some other glands, but they are now very slightly tender on pressure. The boy has taken none of the medicine for more than two weeks, is passing through an attack of whooping-cough, but is quite well otherwise. The features in the above case, which strike me as most remarkable, supposing that we were correct in the diagnosis, are, 1st, the rapidity and kindness with which the bite healed; 2d, the period of incubation, before the general symptoms made their appearance; and, 3rd, the relatively short time in which the pain, fever and inflammation subsided under the treatment.

Ophthalmology—Neuro-Syphilitic Affections—Second Cranial (Optic) Nerve—Hemiopia—Third Cranial—(Motor Oculi) Strab. Div.—Ptosis, Etc.—Gumma Syphiliticum. By Wm. Dickinson, M. D.

In its earlier stage, syphilis is more frequently declared in the superficial organs; later, in the deeper-seated, and later still in the nervous, osseous and glandular systems. The latter affections belong to the latter portions of the secondary or to the tertiary period of the complaint. The period at which the affections under consideration may ensue after the appearance of the primary affection, varies very greatly in time, even from twelve months to twenty years. No age is exempt, though they most frequently occur in persons between the ages of twenty and forty years, and the male sex presents them with the greatest frequency. The chief predisposing cause is to be found in an ill advised, or a too soon interrupted treatment of the original affection.

The brain and cranial nerves seem to afford favorite sites for the location of syphilitic disease; the spinal cord is, however, by no means exempt. The characteristic lesions are not meningitis or encephalitis, as was formerly believed, but repeated attacks of

hyperæmia, tumor and disease of the arteries. When once a disposition to localization at the base of the brain is present, its development may be very rapid and prove fatal to the integrity of the part affected or at least to a continuance of its function. Nor should this be an unexpected result, when the wonderful richness of the vascular supply, especially at the base of the brain, is considered, comprising contributions from the vertebral, basilar and carotid arteries, the circle of Willis, and the commencement of the anterior, middle and posterior cerebral arteries.

In this paper I propose to limit myself to the consideration of some of the phenomena resulting from the presence of a syphilitic tumor, *gunna syphiliticum* or *syphiloma* of Wagner,—though this is described as possessing two varieties,—the soft and the hard; yet, these are probably only different conditions of the same neoplasm, at different stages of its development. The soft variety consists of a reddish, gray, jelly-like substance, abounding in round cells and nuclei, mixed with spindle and stellated cells. The outlines of such tumors are not well defined, seeming to merge into the surrounding normal tissue. They are chiefly found in the sub-arachnoid space, and grow from thence to the surface of the brain; but they also occur in the *dura-mater*, in which latter situation they are generally harder than in the soft, moist tissue of the *pia-mater*. In the more advanced stages of development they present characteristics, in many respects similar to tubercle. They are quite dry, of a yellow color, and of cheesy consistency, and, on section, according to Althaus, homogeneous. Rindfleisch, however, states, that "the parenchyma of the tumor consists of cells arranged in concentric layers around the vessels;" and the same arrangement has been demonstrated by Virchow to exist even in the caseous parts.

The magnitude which these tumors may attain, varies from that of an almond kernel, to that of a pigeon's, or even a hen's egg; and their shape is somewhat adapted to that of the spaces in which they are found. If the tumor is developed at the third left frontal convolution, aphasia and *agraphia* will be the result. They sometimes grow around the nerve and compress it, or press it against an unyielding surface, and thus destroy its function. Sometimes the *syphiloma* grows directly from the *pia-mater*, along the blood-vessels into the nervous substance, more particularly into the chiasma of the optic nerves, causing atrophy of the same. The other cranial nerves may be affected in a similar manner, causing paresis or paralysis, which will be manifested by loss of function of the parts to which they are severally distributed. Of all the cranial nerves, the third nerve, in syphilis, is most frequently affected. Von Gräfe thinks that about one-third of the cases of paralysis of the motor-oculi nerve are due to this cause.

I now propose to narrate two cases, in one of which the second cranial (optic) nerve, and in the other the third cranial

(motor oculi) nerves were involved, and in both of which the diagnosis was the existence of a syphilitic tumor, which, by pressure, seriously impaired the conductivity of these nerves respectively.

And first paresis of the optic nerve, in consequence of the existence of a syphilitic gumma, the prominent symptom of which was hemiopia.

Mr. S. R.—, a merchant, forty years of age, of medium height, and weight one hundred and sixty pounds, contracted syphilis eighteen years since, of which he believed himself entirely cured, as no external manifestation of the disease had appeared. In the summer of 1873, being in usual health, he suddenly and without obvious cause, partially lost the power of motion and of sensation in the left side and extremities. From this attack he recovered in about ten days, and resumed his business. During the three years next succeeding his health remained as usual; but in the summer of 1876 he became debilitated, "run down," and was again visited with symptoms similar to those experienced in 1873. But from this attack his recovery was not as speedy nor complete; there was manifest impairment of some of his faculties; he experienced some difficulty in articulating certain words and in concentrating his mind; there was a confusion, at times, of ideas; also a degree of restlessness, irritability of disposition, and his temper was disturbed by slight causes, and he has himself been conscious of a diminution of vision during the year previous. In September of 1876 he first observed an inability to see distinctly objects situated in the left half of the visual field, while those in the right were clearly seen. This indistinctness had gradually increased till the time when he first consulted me. No objects held at the distance of one foot from the eye could now be seen beyond the median line towards the left. All the dioptric media were of normal transparency, and the details of the fundus were distinctly seen and with but little deviation from their normal condition; but the right half of the papilla at this stage was in a state of congestion. The diagnosis being syphiloma, as has been stated, the treatment was prescribed accordingly. Under the persistent administration of alteratives, tonics, electric and Turkish baths, with the employment of galvanism, the progress of the disease was not only arrested, but very considerable extension of breadth of vision in the area previously darkened was secured. After the lapse of some months the patient was again seen, during which period the congestion of the right half of the papilla had, as is usually the case, been succeeded by white atrophy, but without marked change in the hemiopia or of the other symptoms. Evidently the disease has received a check, but none can ensure him exemption from a recurrence of the former symptoms, perhaps in a more aggravated form, and at how long or how short an interval none can predict.

The other case is paresis of the motor-oculi nerve, from the same cause, viz: syphiloma.

Mr. J. M—, twenty-eight years of age, of spare figure and low stature, a book-keeper, first presented himself to me in 1876. No member of his family had manifested any cerebral affection, except a brother, who, at about the age of fifty years, suddenly died of apoplexy. Our patient contracted syphilis ten years since, but a cure was supposed to have been obtained by treatment continued during four weeks. For a year he had known that the pupil of the left eye was larger than the right. About ten days before his first visit to me, having retired one night in usual health, he discovered on the following morning that he had contracted a severe cold, and that he could not completely raise the upper lid of the left eye and could read only large print. When first seen he presented the following symptoms, viz: ptosis of left upper lid, strabismus divergens, mydriasis (dilation of the pupil), and loss of the power of accommodation. He was also unable freely to rotate the globe in different directions. The diplopia (double vision), the necessary consequence of strabismus, was very troublesome, and greatly interfered with the performance of his daily duties. These symptoms warranted the diagnosis that the seat of the affection was intra-cranial, and that they were occasioned by a gummy tumor pressing upon and causing paresis of the motor-oculi nerve. It will be observed that all the ultimate subdivisions of the nerve were impaired in function, demonstrating that the *trunk* of the nerve, in some part of its course, was affected. As in the former case, by the use of alteratives and galvanism, he recovered almost completely the normal use of the eye. A practical cure seems to have been achieved, but he is still liable to a recurrence of the same affection, or to the supervention of a more grave cerebral disease.

MAY 3D, 1879.

Rodent Ulcer.

DR. W. A. HARDAWAY:—I wish to report a case of rodent ulcer, which I treated by erosion a few days since. So far as I know, this method of dealing with neoplasms of the skin has been little followed here, if at all, although a favorite procedure in Germany, and lately in England and our Eastern cities.

The patient was an old gentleman of 76 years, who came to the city to consult me for an eezema rubrum of the lips, not imagining himself the subject of a much more dangerous affection. When I first saw him I noticed a small ulcer situated a little below the left eye, with a hard, sinuous edge, and not undermined

and everted; there was no attempt at the formation of a fungoid growth, and no fœtor; the lymphatics were not involved.

Bearing in mind Mr. Hutchinson's diagnostic rule, that an ulcer, occurring above a line drawn from the lobule of one ear, below the nose, to a corresponding point on the other ear, of several or many years' growth, painless, without enlarged glands, and in an elderly person, must be a rodent ulcer, I made my diagnosis accordingly. Upon further inquiry, I found that about four years before, the patient had first observed a small, uncolored nodule in the skin, which caused him no particular annoyance, except that he picked at it occasionally, until it assumed its present proportions—about the size of a 25-cent piece.

The pathology of rodent ulcer involves a very interesting question, and one upon which the best authorities are not fully agreed. While we may concede that in its histological relations it is a form of epithelioma, occurring under special unknown conditions, considered clinically, it may claim to rank as a clearly-defined, independent affection, and certainly, from its fatal and destructive tendencies, a disease worthy of the closest study. A peculiar feature of this case is the existence of a small warty nodule on the other side of the face, occupying the same situation in relation to the eye as does the first nodule. This later growth has also begun to fissure and ulcerate, and take on the character of a rodent ulcer. This is certainly unique, so far as my experience or reading goes.

Having a horror of the knife, and knowing the good results that have been obtained with the dermal curette in the hands of Squier, I determined to make use of it in this case. I froze the parts with ether spray, rendering the operation almost painless, and scooped out the rotten tissue from the bottom of the ulcer. The affected tissue comes away readily, as also does the cartilaginous edge of the ulcer. The bleeding is slight and easily controlled by pressure with the fingers. There is no danger of scooping out other than the diseased structures, as the sense of touch is exact enough to indicate when the unaffected fibrous tissue is reached. (The instrument employed consisted of a thin disc of steel rendered slightly concave, oval in shape, about one-half an inch in its longer and one-third in its lesser diameter, and furnished with a cutting edge throughout its entire periphery. This was duly secured in its longer diameter to a straight steel staff inserted in a proper handle. The size and even shape may not be essential, but can be modified according to the views of the surgeon or the conceived necessities of each individual case. If the staff should be slightly bent near the disc, it might subserve more indications than if straight.) The case progressed very favorably towards a cure, and he left the city two or three days after. I expect such ulcers will entirely heal in the course of a month. Whether the disease will return or not, I can not say.

Dr. Squier reported, in the *Medical Times and Gazette*, two

or three cases which he treated with the curette in the same manner that I treated this. In his cases the disease did not return, although he says that, of course, the great probability is that rodent ulcer will return ultimately. I likewise desire to call attention to the usefulness of this little spoon in the treatment of infiltrations generally. I have used it with excellent success in gouging out lupus nodules, and in other infiltrations of the skin it answers an excellent purpose. I think it is less painful than the use of either caustic or knife, and to all persons dreading the knife as I do, it would be a grateful substitute. I would like to hear the experience of others who may have used this spoon.

DR. KENNARD :—With what did you dress the wound?

DR. HARDAWAY :—I dressed it with an emollient ointment. As Squier suggests, it is a matter of little importance; it heals without any particular dressing.

DR. G. HURT :—I should be gratified if any gentleman will favor the Society with a differential diagnosis between rodent ulcer of the face and lupus. I believe it is the custom of some pathologists to classify rodent ulcers as cancers. Efforts have been made to distinguish two classes of lupus—the lupus exedens, and the lupus non-exedens; the one is a dry affection, the other is an affection without ulcer; and yet it is an affection invading the tissues, and ultimately, perhaps almost always, terminating in lupus exedens or open lupus.

DR. LUTZ :—What kind of a scar do you expect to obtain after scooping up a rodent ulcer? Do you think it would be as firm as if you made it with a knife?

DR. HARDAWAY :—I can not satisfactorily reply, as in its use I have not as yet had sufficient experience.

DR. KENNARD :—How did you apply the ether so as to avoid getting it into the eye?

DR. HARDAWAY :—I placed a sponge over the eye and a towel over that.

DR. KENNARD :—I think it would be better to dress the sore with either pure iodoform, or an ointment of vaseline containing iodoform, for nothing acts so promptly and so well as a stimulating antiseptic, and somewhat anodyne, or locally anæsthetic application; and in syphilitic ulcers of a serpiginous character I have derived more benefit from canterizing their hard edges with pure nitric acid, or acid nitrate of mercury, so as to destroy the margin of the ulcer, and dressing it afterwards with the unguentum petroles (vaseline) thoroughly impregnated with iodoform, than by any other application. Iodoform locally always acts well in venereal sores.

DR. DICKINSON:—Pertinent to the subject of ulcers introduced by Dr. Hardaway, I will suggest a powerful auxiliary to those who have been baffled in their efforts to induce ulcers to heal. It is an original device which I employed many years since when an interne of the City Hospital, Boston, Mass.

The agent is simply collodion. When an incision of the skin is made, all will call to mind that the margins of wound separate, in consequence of the solution of continuity existing, and the inherent tonicity of the adjacent parts. To secure union of the parts thus sundered, we apply sutures or adhesive straps, or both, and a sustaining roller. Now, an ulcer is a solution of continuity on a larger scale. For various well understood reasons sutures cannot be employed, but versatile art in another way comes to our aid, and furnishes us with that, which under the circumstances, is better—an agent which acts as a sphincter exerting a centripetal action—and thus counteracting the centrifugal energy of the adjacent tissues. Its application is as follows, viz: First, make clean the area of the ulcer, apply the stimulating agent desired, and make dry the edges; and while an assistant moderately approximates the margins of the ulcer with thumbs, forefingers and palms of both hands placed at some distance, apply with a camel's hair pencil collodion in a zone about the ulcer one-half inch or more in breadth, allowing it to intrude a little upon the area of the ulcer. Thus surround it with four or five strata of collodion, pausing after each application to allow the ether of each application to evaporate, before the succeeding is applied; the assistant meanwhile continuing his simultaneous endeavor. Any desired dressing can then be adjusted and a roller over all.

This treatment is suitable for all kinds of ulcers, indolent, varicose, rodent or other. We thus not only overcome the strong tendency to separation of the parts, but must approximate the sundered parts, and nature then, ordinarily, finds it an easy task to do her work in elaborating healthy granulations and achieving due cicatrization.

MAY 10TH, 1879.

Reflex Cerebral Hyperæmia.

DR. C. H. HUGHES:—The best and most complete text-book on the nervous diseases that has yet appeared, according to one of the best English critics on neurology,¹ gives but indistinct

¹ Dr. Creighton Brown's criticism on Allan McLane Hamilton's new Book on Disease of the Nervous System, in *Brain*, Oct., 1878.

prominence to this form of cerebral disease, by casually noting that "generally women suffer with it at the menstrual period, or when there is a retarded flux;" and approvingly quoting the two divisions (and a blended third one) made of cerebral congestion by Dr. Milner Fothergill, who has within the past year written so perspicaciously for *Brain* on the neurosal and reflex disorders of the heart, one of which, in contradistinction from that of cerebral tissue alterations, attracting the blood in abnormal quantities to the brain, is the purely "*vascular form with increased blood pressure, dependent on extra cranial agencies.*"

The skepticism of Trousseau, in regard to hyperæmia-cerebri, is not shared by Hammond, who reports having observed in his "private practice in the city of New York, during a period of five years up to 1870, 622 cases;" and in such an exceptionally large experience in so short a time, notes *en passant* among the causes "the irritation of worms in the intestinal canal or irritation existing in other portions of the system," but among his many, makes more forms of cerebral hyperæmia than those of any other author; he makes no distinct classification of this form of the disease.

Trousseau's opinion, that cerebral congestion is not a common complaint, not only finds no confirmation in later observations, but a distinct, emphatic and overwhelming refutation; and in these latter days of intellectual and emotional excitation, and of gangliopathic disturbance external to the brain, a wider area must be allowed for morbid causative influence, reflexly determining inter-cranial states, and especially such as cause within the cranium vascular disturbances. The intricate and wonderful arrangement of the perivascular space, about all the vessels of the brain, enables the latter to expand to a very great extent, without any damaging pressure being made upon the surrounding tissues, the perivascular fluid being driven from its normal place around the vessels, at the time of the vascular distension, and returning to its place when the hyperæmia subsides.

This discovery of Robin and Hiss, has exploded the *plenum* theory of the cerebral circulation, as pathological and clinical observation had done before they had demonstrated the perivascular spaces.

From my note-book for last year, the first case is that of Jacob Schoene, which I read before the Association of Medical Superintendents of American Insane Asylums, and reported in the *Journal of Mental and Nervous Diseases* in 1877, who suffered from unilateral abscess and tumors of the cerebellum; all of whose symptoms were the result of irritation extended to the cerebrum. The irritation involved the vaso-motor system within the brain. In Schoene's head symptoms all disappear upon the adoption of a plan of treatment addressed with the end in view of removing the hyperæmia of the brain. Now, there was nothing in that case to excite the suspicion, except the intense occipi-

tal pain, that the disease had localized in the cerebellum. The man died, as I suppose, of rupture of the brain, since the abscess was near the surface and found to be partly empty when he died. This man, who at one time staggered about the streets, and was unable to walk without the assistance of others, recovered from all these symptoms upon the adoption of a plan of treatment, not addressed to the cerebellum, but to the cerebrum, or rather to the circulation within the encephalon.

Then the case of Mrs. R., whose cerebral symptoms made their appearance at the time of menstruation, not from a *suppression* of menstruation, but from the *excitation*; because her menstruation was always copious and full, and prolonged for a period of never less than five days. Another case occurred, in a lady with psychical symptoms, connected with intense cerebral congestion at the time of menstruation. In this case there was no suppression of menstruation; nor was impairment discovered in the menstrual flux, either in kind or quantity. It is not an uncommon thing in cases of menstrual suppression, to have as a morbid result congestion of the brain; but where menstruation is performed normally, it is unusual. Then, there is the case of a gentleman in Colorado, whose hyperæmia was due to and connected with continuous nocturnal emissions, and a constant state of irritation of the genito-urinary apparatus; and another, of a gentleman in North St. Louis, whose hyperæmia was due, so far as could be traced, to the constant habit of masturbation. Now, in these cases, masturbation is given as a common cause. Even Lallamand, many years since, spoke of masturbation as a common cause of cerebral vascular fullness; but he never undertook to explain how it was brought about.

But the most interesting case that ever occurred in my experience; happened a year or two ago, when I was lecturing at the St. Louis Medical College, in the person of one of the medical students. The case has served to "point a moral and adorn a tale" in my experience. It serves to show how vigorously a man may be mistaken in the treatment of a case, and how vigorously also, he may address his efforts to the wrong end. This was a case doubtless of cerebral hyperæmia, and of course the treatment was addressed to the brain. There were no symptoms of enteric disturbance in this case. There were no evidences that I could discover of eccentric irritation; and full doses of bromides and ethereal lotions, whilst alleviating temporarily the condition of the young man, signally failed to remove the trouble. When in the progress of treatment, he informed me he had passed a portion of a tape worm, I then discovered the source of all his troubles; and when he got rid of his tape worm, his hyperæmia vanished with it. There were no symptoms of tape worm discoverable in the case, and of course it was not thought of, but I have never treated a case of cerebral hyperæmia since, without trying to find out if there was any tape worm there also.

Another case observed in my experience last year, was one arising from the same cause, in the person of a gentleman living on Olive Street, and it was in that case indubitably reflex. Another case happened in the person of a gentleman solely from indigestion—an old gentleman seventy-two years of age. There was no arterial degeneracy discoverable; the man was able to walk from his residence out on Washington and Leffingwell Avenues, where he boarded; able to walk from there to my office, without riding on the cars, although abundantly able peculiarly to ride. His hyperæmia was always traceable to his indigestion, and this thing has increased upon him. He has removed to Chicago; and it has increased upon him, so that he is in danger on many occasions, of falling down; he is in imminent danger of becoming paralytic. The trouble is in his stomach; there is always fullness and slowness of the pulse, and a labored action of the heart. He has been also unconscious on one or two occasions. His was not a case of simple stomachic vertigo.

Cerebral hyperæmia is not uncommonly associated with suppression of menstruation. One of the first cases that ever came under my observation, to thoroughly satisfy myself, occurred in the person of a young lady in St. Charles, who inherited a neuropathic diathesis, a tendency to insanity, or tendency to unstable nervous action of the brain and nervous system.

She was brought to the asylum at Fulton. One day whilst at the seminary, and when perfectly rational, her menstruation was suppressed, and before morning her brain was congested and she was perfectly insane. It was not a violent form of insanity, but a case of acute delirious mania, with a disposition to be in constant motion. Her insanity displayed itself in constantly calling the chickens, regardless of time or place.

This form of hyperæmia of the brain, occasioned by suppression of menstruation, I have witnessed, I suppose, a hundred times; but it is not usual to find cerebral hyperæmia at the time of the menstrual flow, if the flow is normal in quantity and kind. This subject of reflex cerebral congestion, is a subject that has interested me a good deal; possibly it may interest others.

I am very well satisfied that reflex cerebral irritation is much more common than we have been inclined to regard it; that reflex forms of insanity, depending upon hyperæmic states of the brain, are also much more common than we are inclined to think. I believe that a fair proportion of mental diseases in connection with cerebral hyperæmia, are due to primary morbid conditions elsewhere than in the brain, especially where there exists an inherent insane diathesis, or inborn tendency to take on an abnormal psychical action from slightly eccentric excited causes.

DR. NEWMAN:—Mr. President, if I rightly understand Dr. Hughes, I must dissent from his views in one particular. If he designed to state that these reflex phenomena always result from

a hyperæmic condition of the brain, I disagree with him. That such is the fact *generally*, I am willing to admit; but we see frequently this reflex phenomena manifested in opposite states of the brain as well as in the general system. Some of the worst cases of nocturnal emissions that have come into my hands have resulted from this condition and prostration of the system. If the genital organs are feeble, and frequent emissions take place without erections, we should not say that they issue from a hyperæmic condition of the brain.

I have a case now under my treatment of aphasia and partial agraphia, connected with complete hemiplegia, of the right side. The patient has partially recovered the use of his limbs, but has perfect use of his tongue. He can not utter a syllable, but can hum a tune. He has been in this condition about a year. He is a gentleman from Colorado, who came to this city to be treated for this disease, not having suitable medical supervision at the place where he was employed in the mines. He was stricken with paralysis, and fell to the ground. He was not insensible, but was taken to some fort, and remained incapable of helping himself in any degree whatever, and remained in that condition a long while. Sometime after he began to use the right foot; has, even now, but little use of his arm, and can not extend the fingers.

DR. HUGHES said:—Dr. Newman has misunderstood me in regard to morbid conditions of the brain, other than those of hyperæmia. My remarks were confined to *hyperæmic* conditions altogether; particularly those cases of reflex irritation implicating the brain so as to engender hyperæmic cerebral states. Of course there are many conditions of cerebral disturbance that may be the result of eccentric irritation, not accompanied with vascular congestion. Irritation of the vaso-motor nervous system precedes the vascular dilatation. As a matter of course, the vascular dilatation is a secondary result; the irritation is primary. It is, first, reflex irritation, and afterwards vascular dilatation. I would not like to be understood as attributing even the majority of cases of cerebral disease to reflex hyperæmia, but simply as noting the fact that a great many cases of cerebral irritation, involving serious consequences in the end, have their origin in morbid conditions external to the brain, reflected from the sympathetic nervous system upon it, and that these cases are not unfrequently associated with persons who inherit the neuro-pathic diathesis—the insane neurosis,—the inborn tendency to take on morbid conditions of the brain, upon slighter causes than usually act on the average individual. Among these are persons who become hyperæmic in the brain from slight eccentric irritation. You may have, as every physician knows, conditions of irritation that are not at all connected with cerebral hyperæmia. In children, during the period of dentition, there may be, or

there may not be, hyperæmia. You may have irritation in children, resulting in convulsions, that are not the necessary result of cerebral hyperæmia cerebri. A child may be anæmic in its brain, and yet be convulsed. Hydrocephalus is not hyperæmia.

MAY 17TH, 1879.

Round-celled Sarcoma or Encephaloid Sarcoma-involving the Tibia and the Knee-Joint. Reported by THOS. KENNARD, M. D.

DR. KENNARD:—Mr. Chairman, I have two specimens of tumor of some interest. Whilst I am reading the history of one I will pass them around to the gentlemen, so as not to take up too much time.

About the 5th of May, 1878, Mr. W. B. R., a commission merchant and grocer, doing business in our city, commenced to feel pain in the left leg, just below the knee-joint, which was aggravated by exercise or long standing, and more especially in mounting to the third story of a large building in which he had his sleeping apartments. Every attempt at going up stairs increased his pain. During June, July and August the pain steadily grew worse, and the knee became more and more swollen, but was not sufficiently severe to prevent him from attending to his business. He used liniments and foot-baths without benefit, and finally, about the last of August, placed himself under the care of a physician, who diagnosed his case as rheumatism, and treated him for that disease until December 1st, using, at the last, a blister over the swelling and just below the knee, with a view of reducing the effusion, which, however, only made matters much worse. He then went to the Arkansas Hot Springs, and was treated by one of the most prominent resident physicians for rheumatism. Gradually growing worse, he called upon Dr. Algernon S. Garnett, also an eminent medical man at the Springs, who told him at once that his case was not rheumatism, but he feared was of a much more serious nature. At this time he had very sharp, lancinating pain, with a tensely swollen knee, with high fever, followed by profuse sweating and general debility and insomnia. Previous to this trouble, he had enjoyed remarkably good health, never having had any serious illness. He could not remember ever having struck his leg against any hard substance, or having received any antecedent injury to the limb whatever. He had never had syphilis, nor was he aware that any of his ancestors had suffered from that or any other constitutional disease, nor, especially, cancer in any form. The large blister that had been applied just below the knee-joint, with a view of removing the effusion, had not only not benefitted him at all, but aggravated

the case very much, and caused him excruciating agony, and produced a rapid increase in the inflammation and effusion, and general running down of his health. The swelling was tense, smooth, glistening, semi-elastic and fluctuating, and resembled very much synovitis or house-maid's knee, and showed very manifestly that there was effusion into the knee-joint. As soon as he consulted Dr. Garnett, of Hot Springs, he aspirated the tensely swollen part and drew off a considerable quantity of bloody fluid, and then made an incision freely opening the tumor, but sufficiently far below the knee not to open that joint, when a pint or more of dark sanious and grumous fluid was discharged. Next morning, a fungous tumor, resembling very much a cauliflower, sprouted out, as it were, through the incision that had been made, completely filling up the opening through the skin. Numerous applications were made to this fungous growth without benefitting it at all. The tumor continuing to steadily grow, the patient became discouraged and returned to St. Louis, bringing with him a letter from my friend Dr. Garnett, recommending him to place himself under my charge. When I first saw him, on February 11th, the tumor extended about two inches above the opening through the skin, completely plugging up the incision, and was two inches and a half in its greatest diameter on its upper surface, which resembled the surface of the brain after exposure to the air, or more accurately, as above stated, a wilted cauliflower. Its surface was covered with a creamy substance, composed of the fluid exuding from the tumor and a mild salve that he was applying to it. It was not at all sensitive to the touch, nor did it cause much pain, but bled freely from the slightest laceration or puncture. The swelling around the tumor was tense, semi-fluctuating, and painful under pressure, and altogether resembled a chronic synovitis, yet no connection between it and the knee-joint could be clearly made out, although I believed that the joint was involved. The premonitory and previous symptoms of the case—the pain, swelling, fever, emaciation, spells of chilliness and sweating following the fever, the extreme nervousness and irritability of the sufferer—had misled the first two or three medical men who attended him, which was not much to be wondered at, had they have mistaken it for synovitis, acute periostitis or osteitis, as the tumor involved both the periosteum and the bone, but it ought not to have been mistaken for acute rheumatism when there was no pain nor swelling in any other portion of the body, nor any fever of importance. When he came under my observation and care, the swelling had been opened three weeks or more, and the tumor had been growing rapidly ever since. Upon a critical examination, I diagnosed it as fibro-sarcoma, which had its origin in the connective tissues and then involved the periosteum and the upper portion of the tibia, and most probably communicated with the knee-joint, and that amputation above the knee was the only remedial means

that held out any encouragement. It was barely possible, but not probable, that the tumor did not involve the joint, and could be removed without opening it. Desiring advice and assistance, I invited Drs. Hodgen and Mudd to see the case with me on the 12th, and after a careful examination they concluded that my diagnosis was correct; that the tumor was probably malignant, and that amputation above the knee was absolutely demanded. A portion of the tumor was removed by Dr. Hodgen for microscopical examination, and the microscopist reported to him in a few days that the tumor was malignant and our diagnosis correct. The patient was directed to take quinine, iron and nutritious food freely to prepare himself for the operation, which Dr. Hodgen had kindly consented to perform for me. On Sunday, February 23d, after the patient had recuperated very much under the tonic treatment, he performed the amputation, assisted by Dr. Mudd, Dr. Prewitt, and myself, and also two young graduates, students of Dr. Hodgen.

He agreed first to make deep incisions around the tumor and see whether it involved the bone as we suspected it did, and whether if it did not, it could be removed without opening the knee-joint or necessitating the amputation. Our views and intentions having been fully explained to the patient, and our assurance that we believed amputation would be necessary, he placed himself and his life willingly in our hands. The tumor presented a little above the upper end of the tibia in front, and a little to the outside, overlapping but not involving the fibula. The growth originated, we thought, from the outer condyle of the tibia, and most probably commenced in the periosteum. It had destroyed the greater part of the head of the tibia and had caused a partial destruction of the articular cartilage, its entire thickening being destroyed at several points. After the patient was placed fully under the influence of ether, he was removed from the bed to the table; Esmarch's bandage was employed in the usual manner, and then, after cutting down around the tumor and finding that the destruction already accomplished was more than sufficient to preclude the possibility of saving the limb, the amputation was performed so that the section of the femur was made just above the condyles. The anterior flap was short; the transverse incision passing across the joint in front, just below the border of the patella; the posterior flap was unusually long, and came easily into close approximation with the anterior flap and made a good cushion for the stump; it was composed almost entirely of the skin and the subcutaneous cellular tissue, there being but little muscular tissue in it. Having detached the patella from the anterior flap, ligated the arteries and thoroughly cleansed the wound, a solution of chloride of zinc was brushed over the flaps, a drainage tube placed in the wound, and the flaps drawn accurately together except where the drainage tube projected. The stump was then dressed with phenol-sodique

covered with antiseptic gauze and a bandage applied in the usual manner. There was but slight loss of blood, very little shock, and the patient although exceedingly nervous and irritable before the operation, rallied well. That night and next day he suffered from slight traumatic delirium, which was checked by a mixture of chloral and bromide of potash; he was closely watched, given quinine in full doses, and elixir of gentian and iron. Everything progressed favorably; the greater portion of the wound healed by adhesion; the discharge of pus was very moderate and perfectly healthy in appearance. Constant attention; careful dressing of the wound as often as required, and the free use of phenol-sodique prevented any unpleasant odor from the wound. Nothing worthy of special attention happened until the morning of thirteenth day after the amputation at 1:30 A. M., when severe secondary hemorrhage suddenly supervened, and the attendants becoming badly frightened and forgetting all of my instructions about checking the bleeding, did nothing to stop it, but only ran some six blocks for me.

Expecting to find the patient dead, and if not, extremely low from the loss of blood, I requested my near neighbor and friend Dr. Atwood to accompany me, and to assist me in tying the femoral artery. On our arrival the patient was completely blanched and pulseless. We immediately applied pressure to the femoral artery and removed the bandages, but fortunately all hemorrhage had ceased when we exposed the stump, from the fainting of the patient. We elevated the limb and carefully watched for any bleeding arteries, but could not discover any, as it had ceased and did not return upon slackening up the pressure. We then applied a tourniquet loosely and awaited the return of the hemorrhage, but there was no more. After watching the patient carefully for three hours, we dressed the stump with pieces of lint saturated with phenol-sodique, and then applied antiseptic gauze and roller bandages, and left the tourniquet *in situ* with directions to tighten it upon the least sign of bleeding. I visited him every few hours that day, and Drs. Hodgen and Mudd saw him with me and approved the treatment which had been and was being employed. No hemorrhage came on at any time after this, and the patient gradually recovered from the depressing effects of the loss of blood. In about a week afterwards, chills succeeded by high fever, increased temperature and profuse sweating, and accompanied by acute, fugitive pains through the stump and left side of the body, with slight paralysis of that side, rendered the patient very irritable, restless, nervous and dissatisfied with everything and every person around him. The thigh from which the leg had been removed ached more or less in spite of all available remedial measures (the patient not being able to tolerate opiates in any form, chloral, chloroform, ether or any narcotic) and it also gradually enlarged until two and a-half inches greater in circumference than the sound limb.

There was also considerable induration, and then apparent fluctuation, showing that something wrong was going on deep down in the tissues of the thigh, but exactly what the trouble was we could not determine by most critical and oft repeated examinations. Every surgeon knows how difficult it is to make a positive diagnosis in such cases, or even to determine whether pus has formed or not. This case is interesting from the fact, that the family physical history of the patient was excellent; no hereditary taint of any kind being known on either side. He too had enjoyed remarkably good health previous to the appearance of this swollen knee, and he could not imagine what the exciting cause of the tumor could be; never having remembered any injury to his limb. Its obscure origin and insidious progress was also unusually perplexing. The secondary hemorrhage supervening so long after the amputation and without any apparent cause, and being checked by the conservative efforts of nature at a period when we would not anticipate any aid from nature—for when secondary hemorrhages come on so late after amputations, they are true secondary hemorrhages, and show that the artery from some deficiency of vital powers is incapable of being obliterated from the application of a ligature, and when it ulcerates from the ligature hemorrhage ensues. Secondary hemorrhage is more dangerous when it happens at the usual time for the ligature to be separated from the principal artery. Late secondary hemorrhages are not generally from the large blood-vessels, but from some of the over-charged and over distended collateral branches.

The patient has left St. Louis and gone to his brother's in New York State, and so far as I know is doing well.

A Fibro Sarcoma of the Mamma of very large size.

DR. KENNARD continued his remarks as follows: The other is a tumor of the breast (mamma.) I have only short notes in reference to this case. The tumor is a very large one, weighing nine pounds and eleven ounces, and is a fibro sarcoma. The patient will be 40 years of age on the 29th of August. It was first noticed after she injured her breast by falling down two flights of stairs, in the winter of 1871. She first consulted me about it in 1872; the tumor grew rapidly; in 1873 it got to be a considerable size; in 1874 I think it would have weighed nine or ten pounds, and then it became somewhat painful. Whilst on a visit to Texas, in 1875, she suffered from a severe attack of chills and fever which lasted for a long time and sometimes she had two chills a day, and the tumor was reduced by this sickness to the size of a small apple. When she returned from Texas in 1876, it increased as her health improved and as she increased in flesh. I saw her repeatedly during 1876, '77, '78 and '79. Three months ago she got very much over-heated from violent exercise in scrubbing, and was afterwards suddenly chilled. The tumor in-

Trommer Extract of Malt Co.

FREMONT, OHIO.

FREMONT, Ohio, April, 1878.

DEAR SIR:—

It is now five years since we first introduced and began the manufacture of Extract of Malt in the United States. It has been our aim to furnish the medical profession in America with a malt-extract equal to the best German make, and (by saving the expenses of importation), much cheaper than the foreign article can be afforded. For the manner in which our efforts have been appreciated by the medical profession, we desire to express our warmest thanks.

The difficulties attending the manufacture of Extract of Malt in large quantities, can be overcome only by that kind of skill which is acquired by experience. Its constituents must receive no injury by the process, and good flavor and keeping quality, adapting it to all climates, must characterize the product. All are familiar with the striking difference between certain celebrated brands of ale and porter—and yet the poorest as well as the best, is, or should be, produced from barley malt and hops. Success greatly depends, of course, upon the employment of none but the best material; but it is by the use of specific and long-tried procedures that results are obtained which are so difficult to rival.

We do ourselves but simple justice, in stating that our *entire attention* is, and for many years has been, *exclusively* devoted to the manufacture of Extract of Malt for medicinal purposes, and that we give our undivided personal attention to each step in the delicate process by which Extract of Malt of excellent quality can alone be made.

Under these circumstances, it is unreasonable to suppose that the various manufacturers of fluid extracts, elixirs, pills, etc., (who attracted by the high reputation of our Extract of Malt), have recently in various sections of the country, undertaken the manufacture of a similar article, should generally succeed in producing it of a quality according to the fulsome praise with which their advertisements are filled. While being perfectly willing to let the reputation of our Extract of Malt rest upon its real merits, we owe it to the medical profession, as well as to ourselves, to give warning against imposition.

It has come to our knowledge that certain articles extensively advertised as “pure” and “genuine extract of malt,” are composed chiefly of the substance called GRAPE SUGAR OR MALTINE, which, as is well-known, is the product of the action of sulphuric acid upon starch subjected to a high temperature. This artificial grape sugar or glucose, which is extensively manufactured from corn starch, is now being used in immense quantities, instead of ordinary cane sugar, in the sophistication of confectionery sugar house syrup, “strained honey” native wines, and canned fruits, and by some brewers in the manufacture of beer and ale. The cheapness of this artificial product of Indian corn, constitutes the chief inducement for this species of substitution for barley malt and sugar cane.

Again, an extract of malted grain is manufactured for the purpose of obtaining *diastase*, which, (simple and variously combined) is much used in medicine. The appearance of the extract is but slightly changed by being deprived of this important constituent, although, it is unnecessary to add, that its value as a medicinal agent is thereby greatly impaired. Nevertheless, this very substance, which is little more than refuse material, in the manufacture of diastase, is now being offered for pure malt extract.

It is *malt extract* prepared from barley malt combined with the proper proportion of hops, that has been for many years the standard medicinal nutritive employed by the medical faculty of Europe, and especially of Germany. Its value has been established by experience, and its use in the treatment of almost all forms of disease of nutrition is constantly extending. We shall continue to devote the most scrupulous attention to the maintenance of the reputation of our malt extract, by the careful selection of material and by unwearied personal attention to manufacturing details.

Attention is respectfully directed to the accompanying extract from Ziemssen, and also to our circular and testimonials elsewhere printed.

Very respectfully,
TROMMER EXTRACT OF MALT CO.

FROM ZIEMSEN'S CYCLOPEDIA OF THE PRACTICE OF MEDICINE, VOL. XVI, PAGE 474:

“The Malt Extract prepared from Trommer's receipt is designed to fulfill much the same purpose as cod-liver oil, carbo-hydrates (malt sugar, dextrine), taking the place of fatty matter. The simple (much or little hopped) and the chalybeate form of Malt Extract are coming more and more into favor as substitutes for the oil; they are more palatable and more easily digested, and should, therefore, be preferred in the dyspeptic forms of anemia. During the last few years Malt Extract has almost entirely taken the place of cod liver oil in the treatment of phthisis, and other wasting diseases at the Basle Hospital, and we have as yet found no reason for returning to the use of the latter remedy. The Extract may be given from one to three times a day in doses varying from a teaspoonful to a tablespoonful in milk, broth, beer or wine.”

Saccharated Chloro-Pepsine

The Best Remedy for Nausea and Vomiting in all forms,
ESPECIALLY OF PREGNANCY, INDIGESTION & DYSPEPSIA,
ALL FORMS OF GASTRIC DERANGEMENT, ATONIC
DIARRHŒA, INDIGESTION—DIARRHŒA
OF CHILDREN, Etc., Etc.

Vomiting in General is a reflex act due to an irritation either within the stomach—whether the irritant be introduced as such, or the irritation proceeds from over-distension of the organ or fermentation, decomposition of food—or without the stomach, the sympathetic variety.

Vomiting of Pregnancy is an example of the latter part.

A supply of pure pepsine, or any or all the gastro-intestinal digestive principles, fails to remedy the trouble. Why? Simply because this functional derangement of the GASTRIC SYMPATHETIC SET OF NERVES requires that the remedial agent shall be especially addressed to this portion of the nervous system.

Realizing this fact, I have prepared a compound **SACCHARATED CHLORO-PEPSINE**, in strict harmony with the pathological indications to be met, as may be attested by a perusal of the formula given below.

The Indigestions.—Indigestion, when due to deficiencies of gastric secretion, atony, or hyperæsthesia, always demands an artificial aid to digestion, in addition to regulation of diet. Pure saccharated pepsine has been used until lately; now, however, it is further reduced in strength by the partial substitution of pancreatine, the intended action of which is prevented, since pancreatine itself, as the physiology of digestion plainly teaches, is decomposed by gastric digestion. My compound not only supplies the necessary amount of pepsine, but also the Cerium, which, acting as a sedative tonic, overcomes the hyperæsthesia of the gastric nervous supply, and hydro-chloric acid (the normal acid of the gastric juice) is generated within the stomach by the liberation of chlorine from the lime (oxychloride).

Further, the *Saccharated Chloro-Pepsine* has a very powerful and instantaneous influence in stimulating the secretion of saliva, which flows in abundance the moment the compound is placed upon the tongue. The importance of this in relation to the digestion (partial) of the starchy elements in cases of weak digestion of this class of aliment should not be overlooked.

I believe my preparation is *greatly superior* to all other compounds in the market, and to simple saccharated pepsine. Only a short time before the profession, IT HAS GAINED GREAT POPULARITY.

Testimonials received from very eminent members of the Profession attest its superiority.

FORMULA.

Pepsine Porci	140.005.
Cerii et Calcii Oxychloroxalat	77.758
Sacch. Lactis	ad 373.241
m Sig., for Adults	10 to 15 grains a dose.
for Children	1 to 10 grains a dose, according to age.

It is intended to restrict the sale of this preparation to physicians' prescriptions and orders, so that I shall rely on the profession to test its efficacy and and give it support.

PUT UP IN ONE OUNCE BOTTLES.....PRICE \$1.00.

PREPARED BY

BENJ. W. DYER, Manufacturing Chemist,

460 Fourth Avenue, corner 31st Street, New York City.

GENERAL AGENTS,

FRASER & LEE, Wholesale Druggists, 20 Beekman-St., N. Y. City.

to-be-forgotten example of the dauntless Flewellyn, the surgeon of the ill-fated Alabama. When that Confederate war-vessel received her death-wound from the guns of the Kearsage, and was slowly sinking beneath the waves, her chief medical officer had frequent opportunities to save his life, by passing on the life-boat to the schooner Greyhound. But no; he heard the cries of the suffering, and remained with his helplessly wounded comrades, and, almost in sight of his home and his loved ones, whom he had not seen for two long years, sunk beneath the waves of the English Channel, in the silent companionship of those he had loved and served so well.

Speaking from a worldly and selfish standpoint, such cases of apparently reckless personal sacrifice, seem foolish in themselves, but when we consider the spirit of self-abnegation, and the animus of sublime moral heroism that prompts them, we cannot but regard such actions as among the strongest arguments that can be offered in support of the immortality of the human soul. Such examples of heroic devotion to the grand idea of man's personal honor, dignity and devotion, ennoble human nature, bind the good and the brave of all nations together in the bonds of common sympathy, and make us proud that we are men. They make us feel that "there is nothing so noble as forgetfulness of self," and the scale of our love and admiration for mankind, ascends rapidly when we thus consider the noble and precious deeds of which our fellow-men are capable, for they are truly "the golden and the priceless jewels of history, and the salt of life." They make us exclaim in the beautiful words of Charles Kingsley :

"Still the race of hero-spirits
 Pass the lamp from hand to hand,
 Age from age the world inherits,
 Wife and child and fatherland !
 Still the youthful hero gathers
 Fiery joy from wöld and wood,
 He will dare as dared his fathers,
 Give him only cause as good ! "

Socrates was right when he said to his judges in contemplation of his probable death at the hands of the Greeks (and the sentiment expressed by that wise philosopher thousands of years ago is as applicable to us as it was to him upon the day of its utter-

ance): "A man who is good for anything ought not to calculate the chance of living or dying. He ought to consider whether in doing anything, he is doing right or wrong, acting the part of a good man or a bad man, and having decided what is right, *he should do right* at the peril of his life." The word "duty" has been said to be "the sublimest in the English language." When a man reaches that degree of self-abnegation, that he is wholly devoted to the performance of his duty to his fellow-men he is no longer an ordinary man, but fit for the companionship of the Gods.

The sublime moral spectacle of the sacrifice of such a man in the perilous attempt to save others, is enough to make the angels weep, and drape the world in solemn black! It is written that a few, and occasionally many, must, in the very nature of things, be sacrificed for the good of the multitude. The loss may be great and horrible at times, and, for the moment, shock the tender sensibilities of the whole world; but, nevertheless, the offering must be made, whether it appease the hungry Moloch of destruction or not. It is our duty to try to save those who are in peril, even at the risk of our own lives.

When the Indian princess sucked the poison of the deadly cobra from the arm of her lord, upon the instant in which he was bitten, and died from its effects, she did it that he might live for his country and his tribe, though she herself perished in her act of self-devotion. It was a nobly grand and heroic action that stands recorded in the shining record of events "that were not born to die." And so may the members of our beloved profession ever be ready to fly to the relief of our fellow-men when bitten by the serpent of disease and pestilence, and, with the best means at our command, work bravely and faithfully to extract the poisonous distillments that have been implanted in their tortured bodies, or, failing in our attempt to save them from destruction, comfort them "through the valley and shadow of death," even to the portals of the tomb. In the words of the sainted Dr. Slater, "Duty is better than life." When we, as medical men, voluntarily accept the sacred responsibilities of the physician's life, we do so in full realization of the fact that *fidelity to the human race is the chief corner-stone of our professional honor*. We can not afford to be cowards in time of great public danger and distress. As watchful sentinels around the citadel of common safety, we must be "faithful unto death," if we would justly

merit the plaudit of "well done, thou good and faithful servant."

Fully twenty thousand of our fellow-citizens in the Southern States have perished with yellow fever in 1878. Many of the fairest portions of the beautiful South have been worse than decimated by the plague in the last four months. More than a hundred of our medical brethren have found untimely graves in their heroic efforts to save others from the horrors of "the Black Death" which has been running riot in the fairest country under the sun. The story of Grenada, New Orleans, Memphis, Holly Springs, Greenville and Hickman can never be forgotten while pity has a tear to shed for the loved and the lost, and men can sing praises to the immortal actions of the brave and the good!

For four long and painful months this terrible enemy to human life held high carnival in a goodly portion of five States south of the Ohio river, and even invaded territory north of that line heretofore exempt from the dread monster of the African jungles. Now that the storm of pestilence has happily passed away, and the blighting incubus of a great and sorrowful affliction has been lifted by the kindly hand of a merciful Providence from the abodes of our Southern brethren, and even while the shadow of the dark and common sorrow rests as a mournful blight upon "the land of the magnolia and the palm," let us survey the battle-fields upon which our hero-brothers have fought with varying fortunes, and sum up the imperishable results of the terrible contest through which they have passed. Never in the history of our common country have we had more substantial evidences of a common sympathy among the people of these American States, than those which have been shown by our sad experience since the first day of July, 1878. Never in the history of medical science and art have we had juster and nobler reasons to be proud of the moral grandeur and nobility of our profession. Never before has the spirit of our national brotherhood been developed to such an extent as to make us feel and know that there is ever a chord in the American heart which needs only to be touched by the magic power of sympathy to cause it to yield the most precious fruits of benevolence and charity. While it has been the sad lot of the South to suffer and to mourn, as "Rachel weeping for her children, and would not be comforted because they were not," it has been the holy privilege of the North to succor and relieve. And now that the wasting simoon of human destruction has passed from Southern habitations, and we recount the loss of life

and the ruin of homes that can never be restored, there is not one of us who does not feel, in the midst of his grief, prouder of his profession than ever before; prouder of this Republic and its people, as one in common charity, one in common fraternity and common solidarity of mutual interests, loving dependence and brotherly protection.

Those of us who lived near the pathway of the hurricane of pestilence that so lately swept through the South have seen how nobly grand have been the efforts of the great and powerful North to relieve the distress of her Southern sisters. The treasures of Illinois, Indiana, Ohio, New York, Pennsylvania and Massachusetts have mingled with the heart-offerings of Kentucky, Missouri, Virginia and Maryland. Munificent donations have been thrown into the lap of Southern sorrow, and, bedewed with tears of gratitude, they have caused the inmates of many a Southern home to rejoice even on the confines of death. The Howard Association has come nobly to the front in obedience to the call of duty, and many of its best and bravest men have given up their precious lives in their holy work. The Young Men's Christian Association has proved a faithful and energetic auxiliary in the great effort of human benefaction. All these are gratifying facts concerning the yellow fever epidemic of 1878. But there is something more to be told of it: The revelation of our nation's brotherhood will form a chapter in the history of our beloved Republic that will be read in after years by admiring millions, and prove an honor that can never die. This glorious record of a wide, noble, common philanthropy in danger and suffering will do more to cement the hearts of the American people in the bonds of a common affection than all our customs, laws, language and armies combined, because it springs from the all-protecting and all-saving principle of the Golden Rule—love to God and fraternity for mankind!

The noble contest to save the lives and promote the happiness of our fellow-citizens was a struggle in which there was no gladiatorial bloodshed to defile the dead and shame the living; no Isthmian pine wreaths to encircle the brows of victors in honor of the number they had slain in the bloody battle of man against man, or man against beast. No, no! It was a brave and gallant fight to save life, and not to destroy; one in which even the vanquished were victors in the holiest cause in which men could labor and die—the cause of suffering humanity.

At the battle of Rocroy, in 1643, when the last of the old Spanish infantry under Captain Gonzala de Cordova were all cut off, they were found standing fast, to a man, not one having broken ranks. And so we behold, encircled by the halo of unfading glory, the shining hosts of those who have fallen in defence of human life! One by one they went forth, as ministers of mercy, to duty and to death. One by one they gallantly fell at their posts while the conflict was raging with relentless fury; and, crowned with fadeless laurels, they passed silently to "the great beyond" amid the benedictions of the saved and the blessings of the dying. Who were the principal actors in this melancholy drama? Were they only Southerners? No! Were they only Northerners? No! Were they American physicians? Yes, most gloriously yes! Their humanhood was bounded by no geographical or sectional lines—no mountains, no rivers, no chilling snows or sunny plains. The holy charter of their God-like philanthropy embraced within its merciful domain the whole world. It was circumscribed by no lines, no language, no creed or condition, but that of the welfare of the human race, the health and safety of a common people, and their speedy deliverance from danger and death. Who would not be an American doctor? From all parts of our country they came to the rescue, as American citizens, proud of a common republic, forgetful of the unhappy past, overflowing with the divine spirit of brotherly charity, as devoted exemplars of American medicine and faithful friends of mankind.

It is said that "history repeats itself." The remark is often true in an ordinary or general sense; but no age, clime or country has ever before witnessed the sublime spectacle of a whole nation devoted to the work of benevolence, and whole States, large cities, and even villages contending for the honors of munificence in their generous hearted offerings to thousands in danger and distress.

Ancient heroism may vaunt its blood-stained trophies of victories won upon the fields of sanguinary strife. Modern historians record with admiration the "charge of the gallant six hundred," but more glorious and grandly heroic is the perilous voyage of the relief boat "Chambers" and her brave volunteer crew, under the command of the fearless Benner, down "the Father of Waters," through "the valley and shadow of death," to the relief of our Southern brethren from plague and starvation.

Such manifestations of the brave and gallant sympathy of a whole people is American, wholly American! There is not room enough anywhere else on the face of the earth for such deeds of moral sublimity and noble self-sacrifice. Such philanthropy is God born in a land long enough, broad enough, and rich enough for its stupendous growth. Its executors are Americans, with American brains and American hearts, making American heroes whose grand record can never be erased from the fond admiration and loving remembrance of their grateful countrymen. Such heroes as the nobly gifted and deeply lamented Dr. John Lay Cook of Henderson, Kentucky, who fell at Hickman, October 1, 1878, fighting for mankind, and other heroic medical men from the North, South, East and West, who gave their lives for the good of others, during the summer and fall of 1878, in the Southern States, while bravely battling against the attacks of the devouring monster which was preying with pitiless voracity upon the vitals of their fellow-men. Such men have illustrated in their noble lives and sacredly sacrificial death the sublime moral heroism of the present enlightened age. They made themselves the immortal heroes of a fierce conflict in which the loud artillery and rattling musketry of war were not heard, and the groans of the suffering and dying were not caused by the abuse of human power or passion, for they were the faithful and fearless soldiers in the van guard of humanity, who fought to overcome an enemy that lurked unseen to mortal eyes, masked in bowers of blooming beauty, and was yet "more terrible than an army with banners." Brave and noble spirits! Gallant and fearless exemplars of duty in the humanhood of the world! Live forever in Creation's great heart!

THE PHYSIOLOGICAL BASIS OF EDUCATION. By SARAH H. STEVENSON, M. D., Professor of Physiology; Assistant Professor of Obstetrics in the Woman's Medical College, of Chicago; Physician to the Woman's and Children's Hospital.

Of all the daisies that have been turned down by Scotch plough-boys, only one has descended to us. Was it the brain or the eyes of Robert Burns that made him differ so much from the other plough-boys? We shall see.

Every observer is cognizant of the fact that the methods of education are in a transition state. The old is losing its hold—the new is getting a stronger grip. The leaven placed in the measure of meal by the gifted, but unfortunate Rosseau, is beginning to work, because the surrounding atmosphere of public opinion is growing congenial, for ideas are germ-like in their nature; they lie latent or dormant till awakened by a certain breath of life, warm and humid. It is just dawning upon the minds of educators that education should develop the person rather than increase his knowledge, and by the person we mean the body with all its organs and all their separate functions, what we call mind being one of those functions, which so far from being independent of the others, is the most dependent of them all. Here and there an individual has long since comprehended this great truth, but for it to become a working power it must permeate the minds and hearts of the people. They must not only know this truth abstractly, but feel it sympathetically. We shall see that to be sympathetically moved is not only philosophical but physiological—philosophical because it is physiological.

The receptivity of the human mind is its great danger as well as its great strength. If prejudice gets in first, truth is kept out. The mind often sits in darkness because of prejudice against the source of the light. The Jewish nation lost the great truths that Christ taught because they despised the Nazarene. Had he been one of their own kings—a veritable son of David who spake as as man never spake before, the nation would have received him. But the prejudice against its source for the time being nullified

the power of the truth. So in a certain sense the prejudice against the source of the new education has prevented its adoption. Emile came forth from the pen of Rousseau, as a poetico-philosophic rather than a scientific treatise, but as is so frequently the case, the poet philosopher felt out (sympathetically if you please) what the scientific mind is just now making out by experiment. Physiology has had a smart chase after Pegasus in a good many directions, and each overtaking proves the real Pegasus to be the most natural instead of the most supernatural of animals, thoroughly physiological even to his wings.

In human development there are two factors to be considered: Structure and education. Rousseau's system did not contemplate structure as developed by the recent anatomy and physiology of the nervous system, but by a kind of prophetic power his thought projected itself in lines parallel with these structural discoveries, and so the theory harmonizes with facts. The import of the word educate contradicts the method, for what there is to "lead out" of the human being is simply nothing till the world has been led in. This is the way in which man conquers the world. One by one things external to himself approach for recognition and appropriation, and even the power to recognize and appropriate is not such an inherent independent quality or property of the central nervous apparatus as is generally supposed, but is itself to a great degree a developed function, growing out of the exercise of peripheral functions, as is well demonstrated in the teaching of idiots. Where does the inherent power hide itself in the deaf and blind mute and in the idiot? Not till the sense of touch comes to the rescue, and by constant use becomes the medium of entrance for all sensations does the mind begin to manifest itself. Even though a child be deaf, blind and idiotic, it may still be taught. Given the medium for the entrance of one single sensation, and another and another sensation *ad infinitum* may enter, and each makes the way easier for the next. It is our purpose to analyze the order of the entrances and the routes taken. The first thing that approaches is the atmosphere. It imprints nature's first kiss of welcome upon the lips of the infant stranger, and asks to be admitted—the first to come, the last to go—the tried and faithful life-long friend. How does it enter? Those who have never analyzed the process say it rushes in, forces its way through the mouth and nostrils into the lungs. Not at all; before the first

breath is taken the pressure without the chest is exactly equal to that within, and not till that equilibrium is broken can there be motion. First, inequality of pressure, then motion in the direction of the least resistance—a simple principle in mechanics. The lung has no power of itself to expand; but the chest must expand and pull out the lung, which is ever and always, except in disease, closely applied to the inner surface of the chest. We are thus explicit because of the erroneous ideas in respect to the mechanism of respiration. Now let nature speak for herself. See how beautifully she does her work. The atmosphere, far gentler than the gentlest mother's hand, softly wraps itself about the delicate surface of the body, and at once a thousand silvery nerve strings which lie hidden beneath that velvet surface vibrate to that touch, a thousand silvery strings centering away in the medulla carry the message "a stranger waits outside," and the cells, all a-quiver with long waiting for the precious oxygen, send back answer by another thousand silvery strings, bid the stranger enter, we need him; at once the tiny threads begin to pull at the gates, the flaccid muscles become tense and strong, the ribbed sides turn on their hinges, the diaphragmed floor descends, the chest expands, the lungs follow, eighteen hundred million cells are opened, the air enters, life begins!

As the air in contact with the surface stimulates myriads of nerve waves towards the center, so with every substance that touches the body. We say the pulsations move toward the center. This language is misleading. The molecular vibrations of the nerve-cords pass in both directions, but the receiving apparatus is at the center or at some ganglion of cells between. In this sense of touch, and its resultant motion—mental or muscular, central or peripheral—lies the very essence of education. As the air, so the light, approaches; gently does it impinge upon the surface of the retina, whose rods and cones respond to the touch. The optic nerve is all a-quiver, but we have no proof that its first vibrations produce anything more than a general sensation of light. The child gives no sign that individual objects are distinguished; at first, there is only a fixed, vacant stare. We all remember the time when "the baby" first began to "take notice." The impression of light, from being general and vague, comes to be particular and definite; and just so far as the impression at the center departs from the general, and becomes supremely special, does eye-sight become an intellectual power, such as

Agassiz and Humboldt possessed. Before the eye can be the window of the soul's outlook, it must first be the window of the soul's incoming. Before a physician can pass judgment on a patient at a single glance, be sure he has used his eyes as Hippocrates used his before he painted the signs of death, in words which, to this day, have lost no shade of color, and as Harvey used his before he gave to physiology that wondrous poem on the rhythmic movements of the heart.

As with air and light, so with sound. As the lips of mother earth, before those of the earthly mother, imprint the first kiss, so do they whisper the first message. The auditory nerve answers to the whisper, but the child does not listen. It was not something at the center that said "I am going forth to hear," but something outside, that stole softly inward, said "I have something to tell you." Over and over again did the voice whisper its message before it was heard. How many times was the precious word "mother" repeated before its separate waves were identified! To hear, in a general way, is of no value to the hearer; it is the specialization of function that gives power to its possessor. Who better needs to know this truth than the physician? And where can he find a stronger accuser than his own uneducated ear, which fails to interpret the mystical rhythmic sounds of life?

The idea that the mind, fully fashioned, sits enthroned in the brain, waiting to be "drawn out," can not be sustained by a single fact.

Mentality is a function that develops by the proper use of its organ, the nervous system; and there is no part of that system so remote, but that its slightest vibration may be felt in every other part. Indeed in the light of modern neurology, we find a physical basis for Swedenborgianism. If the nervous system is the organ of the soul or mind, then does the soul inhabit the body, for the body is literally filled with and encompassed by nerve cells and cords. Mind is evolved, mental nourishment or nerve stimulants enter by routes just as natural as those provided for food and air. In the study of mental evolution, nature must be our teacher. A careful analysis of the emergence of infancy into childhood, in a single instance would serve as a type for all. But where is such analysis? Who has made even the attempt? In our estimates of the human race in this and that direction, or as a whole, what account is taken of infancy? But the physio-

logical estimate must begin there. Some one has asked, "Who are the trees?" We would ask "Who are the children?" The only thing we can positively predicate of infancy is contractility; contractility too in its crudest form; for example, compare the awkward motions of a baby with the graceful motions of a fish, compare the crude, slow, hesitating fingering of a baby's hand with the finished, dexterous, definite lightning-like touches of Paganini's left hand. Contractility is a form of response to one's environment, which man possesses in common with all living matter; we call it responding to stimulation. Stimulation may be initiated at the peripheral, or at the central termination of the nerve fibers. We may safely say that for a long time the stimulation comes from without, and there are those who affirm that what appear to be spontaneous stimulations at the centers, are only the reawakening of previous stimulations from the periphery; that the centers have this power of storing up such forces much as the plant stores up sunshine. It is by contact with something, somehow, somewhere that nerve waves are set in motion, and the resultant of this motion is either mental or muscular action. How the world shall enter, depends upon structure, and any attempt on the part of the educated to bring things in through abnormal ways, is sooner or later disastrous. The great fault of the old system of education, is that it begins with the upper part of the nervous system. It appeals to the judgment and reason, of which there are none, and neglects the feelings and sympathies, of which there are an abundance. Abstract ideas are fit only for mature minds. Yet an alphabet composed of twenty-six most absurdly abstract ideas is driven and pounded into the infant brain. The a b c and the multiplication table are a good introduction to abnormal stupidity or abnormal precocity. In the one case, the higher centers repel the stimulation; in the other case they respond, but at the expense of their own structure. In a large proportion of cases, the candidates for school examinations are candidates for meningitis or insanity. It is stated that the polytechnic school of Paris produces the best scholars and the greatest amount of insanity of any school in France. The individual child should be taught as the race has been taught. The first attempts to communicate ideas among primitive people, were by picture writing, and so if an object is to gain admission to the child's mind, if the thing itself cannot be brought in contact with the sight, hearing, touch or taste,

let its picture enter. We often hear the statement made that it is impossible to overcome the impressions made upon the mind in childhood, but we have not so often heard the anatomical or physiological reason. These lasting impressions are made upon the sympathetic rather than the cerebro-spinal ganglia. The sympathetic system is the first developed; long before the cerebral cells have departed from their embryonic form, and in animals that never develop a brain, the sympathetic is well at work presiding over the essential functions of life, establishing a garison at every available outpost and making accessible roads between, till every part of the great economy is in communication with every other part, and by a gradual transfer, not by a sudden transition, should the purely sympathetic merge into the purely intellectual. The impressions made on the lower or sympathetic ganglia, are well nigh indellible. They may not remain in their entirety, but they can never be wholly effaced, while it is possible for the impress on cerebral cells to become obliterated. Hence, the danger of a wrong first impress. Some of the religious orders have thus builded even wiser than they knew, when they entered their religious theories by way of the sympathies rather than the reason, by pictures instead of catechism, the physiological rather than the theological way. We once wrote in a school girl essay that human sympathy is something more than a sentiment, or else sentiment has a far deeper meaning than we give it, but we did not then know the scientific import of the statement. We believe it is Dr. E. Seguin who so clearly differentiates these two routes to the mind. He calls attention to the glow of warmth in the region of the solar plexus, the abdominal brain when ideas, or stimulators of ideas enter by this physiological route. Entering as emotions they are ready to become transformed into ideas by the time they reach the highest centers; thus no violence is done to the nervous system. In our system of teaching the natural "glow of warmth" in the abdominal brain, is lifted up into the unnatural glow of warmth in the encephalon.

Only the other day we were asked why there were so many large headed, small bodied children in the schools? This answers it. The blood which should be in the abdominal brain supplying the organic functions—the building processes—is sent before its time to the head brain, because of the artificial stimulation excited there. There is, there can be no better definition of the

hydra-headed monster that the people call "nervousness," before which physicians seem to stand with helpless hands. And just here is where the physician owes a duty to the public. Some medium of communication between the profession and the public is needed, call it what you please—State hygiene, sanitary science, or what not, the need exists.

The profession has been too exclusive of its learning, and the profession is reaping its reward, in every newspaper in the land filled with delusions for the sick, especially the nervous. The sad truth is, we have left the public to the charlatans. The time has gone by when the physician can sit upon a throne and dispense unquestioned prescriptions in Latin. The people demand to know, and we shall be obliged to come down to their wants, the plane of their necessities. The public is deluged with irresponsible knowledge, while the only body that can speak with authority in these vital matters holds its peace.

As contractility is the most of the child, it is the part of good sense to make the most of this contractility; that means to place it under the complete control of its possessor, just as the contractility of the vocal cords is under the control of the singer. There is a natural order to be followed; at first the muscles contract in groups. The child can use its fists before it can use its hands; it can use all its fingers before it can use two or three of them; and all of this before it can use one finger, just as it can see all light and hear all sound before it can see a special object, or hear a special tune. The process proceeds from the general to the special, from the group to the individual. It is the difference between spading up a garden and removing a cataract from the eye. We find muscle to be very teachable, that is to say when it has been caused to contract, the tendency is to repeat that contraction. Many physiologists, with great reason too, maintain that this contractility is the inherent power of muscle, above and independent of any nerve power; but while this may be true, it is just as true, that the ability to control this contractility belongs to the nervous system. It is only when we see the performances of the trained gymnast, that we begin to comprehend the possibilities of this power of contractility. It is not necessary, in order to do our work, and do it well, that every muscle in the body should be trained to its utmost. There are comparatively few who are called upon to perfectly control each muscle of the trunk and lower limbs; but when it comes to the human

hand, there is not a human being born who does not need its complete mastery. Fully half the power of each generation is lost to the world, because the hand is uneducated. In the light of modern science, the ancient "laying on of hands" has great significance. The hand is an organ, not of touch alone, but of sight and hearing; one may even think with his fingers. There is no calling in the world in which this brain in the hand is so much needed, as in the practice of medicine, except it be in the profession of teaching. What impressions of momentous import are given and received, between physician and patient, teacher and pupil; and just here is where the teacher and physician should join hands to save the children. These messages of childhood need interpretation. Physicians and teachers alike should know the meaning of a quick and bounding, or a small and sluggish pulse. They should know the meaning of a hot, dry or cold, clammy touch; they should know the full import of a soft, flabby, or a round, hard muscle; of a shrinking, receding, or an approaching reciprocal response. Thus, the children who feign sickness might be detected, and the children who are sick might be protected. This physiological handling of children is no vagary of the brain, no "glittering generality," without practical facts for a basis. The child's temperature, pulse, and respiration, are all the facts needed, facts as capable of being estimated and measured, and just as sure as the turning of the earth on its axis. He would be thought a very ignorant school-boy, who did not know the freezing and the boiling points of water; but how many school-boys, how many teachers even, know what the temperature of the blood should be, or knowing, have ever made any practical use of their knowledge. There is scarcely a household so ignorant as not to know enough of the thermometer to keep the crockery and water pipes from bursting. They know how much tension clay and iron can bear, but they have probably never heard of the tension of flesh and blood. When we graduated we could name every branch of the Amazon, and mostly all the other rivers and creeks on the globe, and every town situated thereon, but we did not know there was such a thing as the aorta, to say nothing of its branches. Was this because anatomy was too difficult for young minds? We defy the anatomist to invent harder names than the geographers here invented, and as for the personal usefulness of the Amazon, compared with the aorta, it speaks for itself. We know of an eminent

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